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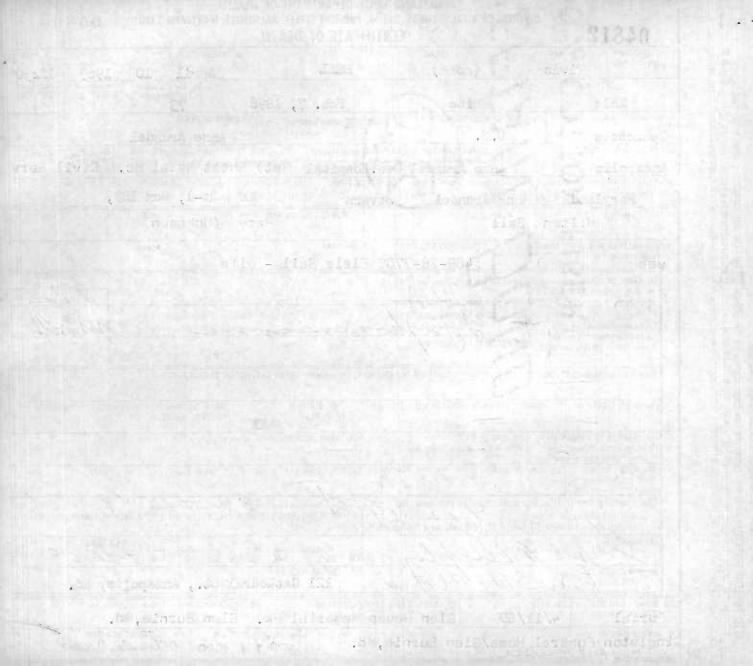
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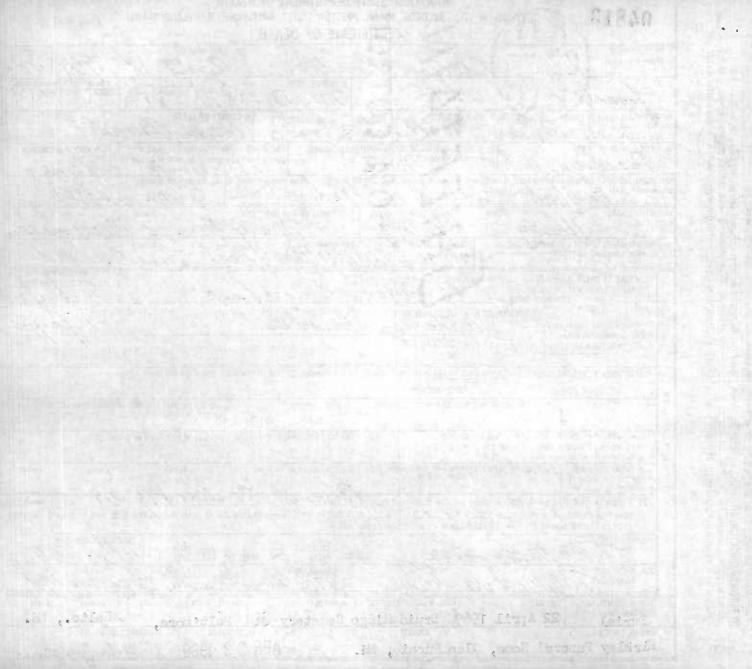
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04805 04812 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR P Middle Last and 2 death. 2a. DATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death-estificate be executed within 24 haurs-after death Apri funerol (Type or print) Tivis BELL (none) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) HOURS Male White Feb. 7. 1896 YRS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Tennessee remave carbon papers. U.S. WIDOWED [ within 72 DIVORCED [ Anne Arundel campletely filled 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR give street address)
Anne Arundel Gen. Hospital every master working life, even if retired . Annapolis event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland Anne Arundel YES NOTE Rt-1, Box 183, Severn and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First (Unknown) Hilton Last attending physician o egse 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) removal 409-28-7709 Elsie Bell - Wife APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit, P IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause prior ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO KX director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M .- Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, )
OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1969, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive an\_\_\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNAPURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type 121 Cathedral St., Annapolis, Md. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) 4/11/69 Glen Haven Memorial Pk. Glen Burnie, Md. FUNERAL DIRECTOR

ngleton/Funeral Home/Glen Burnie, Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Mlinela Judge MIPO 1 1 1000



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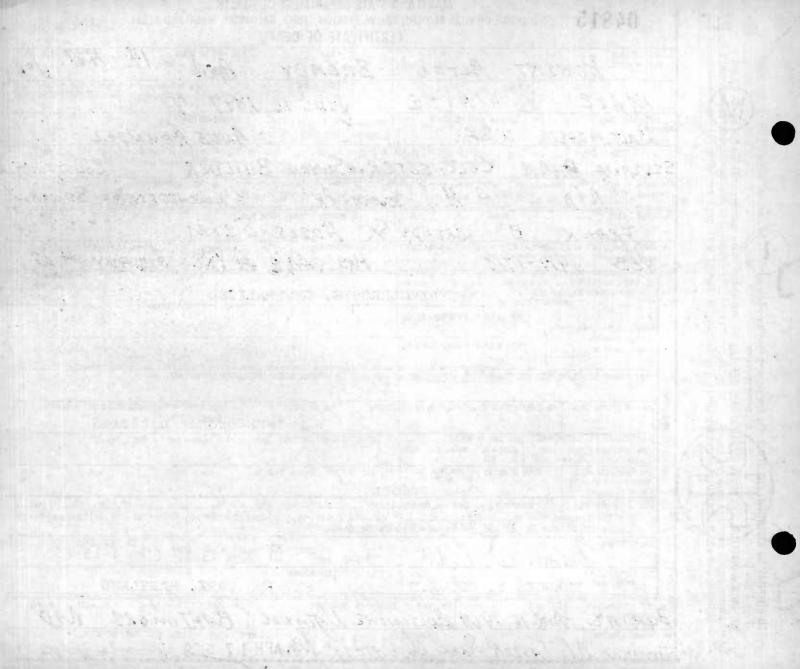


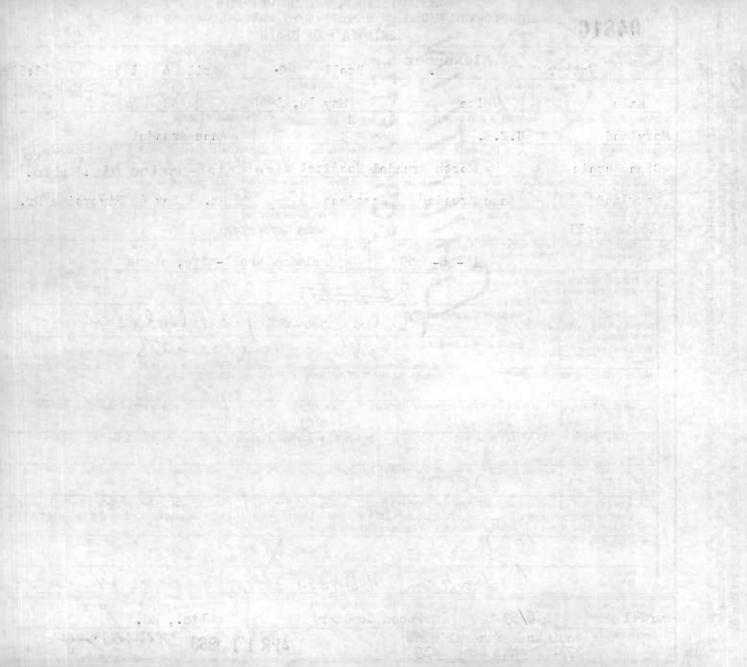
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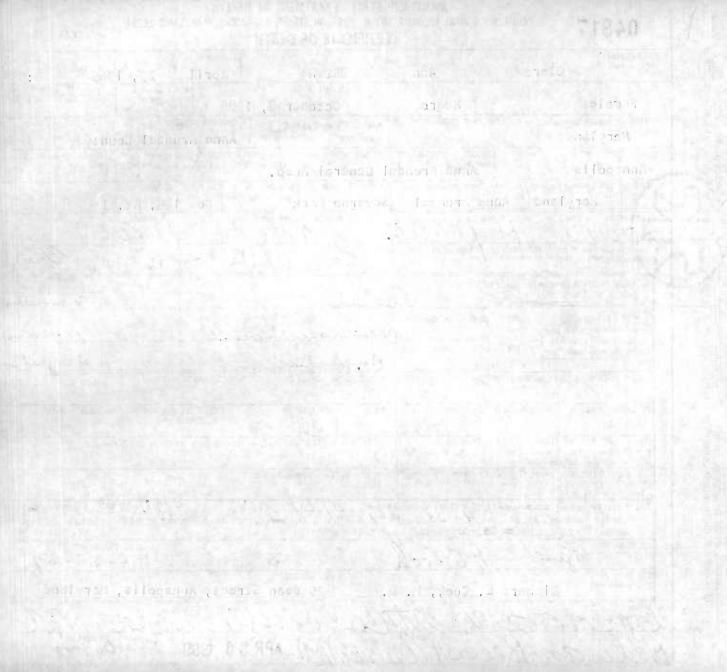
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MARYLAND STATE DEPARTMENT OF HEALTH 04815 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04808 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. and 2 death. neral (Type or print) after 4. RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS last birthday) MONTHS HOURS within 24 haurs 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH DIVORCED campletely filled detached far use as the burial-transit permit. Then please remave carban par te Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR warking life even if retired.) LOWSTRUCTION 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? executed 13b. COUNT COLCHESTER ON 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle and physician requires that the death certificate 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: ARTERISCLEROSIS, GENERALIZED IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ast. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NOXXCoroner notified YES 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. , page 3 shauld be detache be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark sudden 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stated above, (I) (We) (did) (did Not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 4-15-69 STAFF DEGREE DIRECTOR PHYS. Mamo 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) SEVERNA PARK, MARYLAND FRANCIS CODDM. B I. director, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. (State) (County) TIMORE ATIONAL FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 30M REV.







MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04812 04819 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Md AA Co MARYLAND executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Glen Burnie Baltimore .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS North Arundel Gen Hosp NO X - 4th St 3 NAME OF corbon . ₹ Lost 4. DATE Day Year DECEASED event, (Type or print) Rawlings K Bucy DEATH Apr IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** poirthdoy) Months Days Hours May 5.1908 and in ony WIDOWED DIVORCED Female 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT requires that the deoth certificate be pleose during most of working bie, even if retired) COUNTRY? INDUSTRY W.Va. physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, ottending phys Sarah Herold Robert Lee 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service Albert J Bucy 4401-4th St No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retoined by the hospital or attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), Dul-10 stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X **DIRECTOR:** After this certificate OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While While of work ot work 21. I certify that (1) (this haspital) attended the deceosed from causes and an the date stated above. saw the deceased alive an and that death occurred at fram 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. DIRECTOR TO HOSPITAL Page 4 may b ADDRESS TO FUNERAL NAME (Type) BURIAL, CREMATION 23bV DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 4/5/69 Glen Haven Mem Pk Glen Burnie AA Co 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE AP

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  1. DECEASED-NAME First Middle Last 20. DATE OF DEATH	04813
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14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last.
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Yes, ga, or unknown) (If yes give war or dates of service) WRS. J. ROLLA Houls.	# 13
18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	
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N 등 으로 크	Item 18.)
OFFICE BUILDING, ETC.    AT HOME, FARM, STREET, FACTORY.   21f. LOCATION   21f	Caunty State
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21d. INJURY OCCURRED While at wark at wark  22d. I certify that (I) (this haspital) ottended the deceased from 19 0, and that in (my) (our) opinion death occurred on the dat causes stoted abave, (I) (we) (elid) (dd not) view the bady after death.	69, that (I) (we) lost
saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date	te and hour and from the
saw the deceased alive on	
22b. SIGNATURE lovered burnel DEGREE ATTENDING DIRECTOR D	DATE SIGNED 8/69
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VR A15 (4) VO HN M. TAYLOR SONS ANDRESS MD 250, REGISTRAR 25 25b. REGISTRAR 3 25c. REGISTRA	SIGNATURE Can Judge

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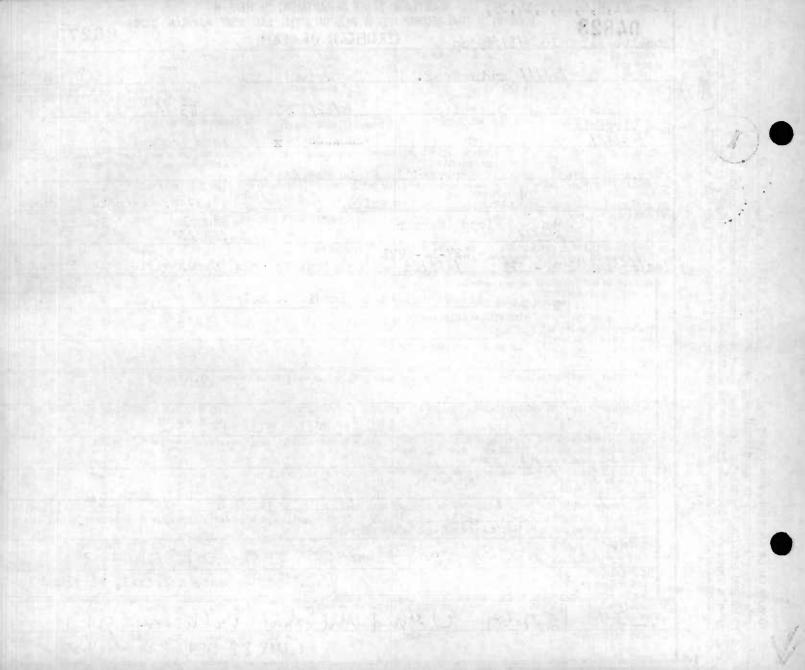
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3	. SEX		4. RACE			DATE OF BIRTH		6. AGE (In	years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN
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	2		. CONDITION F	OR WHICH OPERATION WAS PE	EKFORMED	20a. AUTOPSY?	CA	b. IF YES, WERE USES OF DEATH?		NSIDERED IN CER	₹TIFYING
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	ZIO. ACCI	RIBUTING CAUSE OF DEA	ATH HOUR		21c. HOW	INJURY OCCURRED (E	nter nature af	injury in Part 1	ar Part 2, It	em 18.)	
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	22d. PHY			) 10		22e. ADDRESS					
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2	Ba. BURIAL, C	REMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR CRE	MATORY	23d. LOC	ATION (City or J	awn)	(Gounty)	(Stgte)
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MARYLAND STATE DEPARTMENT OF HEALTH 04815 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04822 CERTIFICATE OF DEATH in by the funeral ers. Pages 1 and 2 2 hours after death. DECEASED-NAME First Middle Last 2a. DATE OF OEATH after death (Type or print) Month Doy Carter Cecelia signed by the attending physician and campletely filled in by the furburial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 3-19-23 white female haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED Anne Arundel Elvaton, Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR be executed within give street address) during most of working life eyen if retired.) Home North Arundel Glen Burnie 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗀 Millersvil Waterford Rd Box 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last John Reusing UNKNOWN certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, oz uoknown) 214-22-5479 attending pr., Stanley Wah Carter - Husband APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH auterior PART I. DEATH WAS CAUSED BY requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1 Canditions, if ony, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year If either, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 4-24 . 19.69 , ta sow the deceased glive on 4-24 1969, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stoted above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Cenap Dorkan, M.D. Hospital Drive Glen Burnie, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION. 23b. DATE REMOVAL (Specify) 4/28/69 Glen Haven Memorisl Pk Glen Rurnie Md 25b. REGISTRAR'S SIGNATURE Funeral Home/Glen Hurnie, Md. 30M REV

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D 20 0	7a.	BIRTHPLACE (State on foreign	7b. CITIZEN OF W		8. MARRIED NE		9. COUNTY OF			<u> </u>
24 hours after death The funeral pers Pages 1 and 72 hours after death	caui	Uokoowo	71	rs.	WIDOWED		Anno	Arunde1		
The retained by the hospitol or attending physician.  **IRECTOR:* After this certificate has been signed by the ottending physician and completely filled as should be detached for use as the burial-tronsit permit. Then please remaye corbon applied with the State Dept. of Health prior to burial, cremation, or removal, and in ony event within the state Dept. of Health prior to burial, cremation, or removal.	10. (	ITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN	STITUTION (If nat in h			(Kind of work done	12b. KIND OF	BUSINESS OR
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State Dept. of		22a. I certify that (1)	(this hospital) atte	ended the deceose	ed from 4/2	1, 19	69, to	4/25 19	69, that	(I) (we) los
he		saw the deceased couses stoted abo	alive on4	/251	9_69, and tha	t in (my) (our) api	nion death o	ccurred on the d	ate and hour	and from the
th th		22b. SIGNATURE	ove, (I) (We) (did)	(aid not) view the	bady after death					
× ×		ZZO. SIGNATURE	2000	Post	Wh Door	ATTENDING M	NED.	STAFF PHYS.	DATE SIGNED	
filed filed		22d. PHYSICIAN'S	ce 12.	ann,						
, p		NAME (Type)				22e. ADDRESS Crownsvill	e State	Hospital	, Maryla	and
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	BURIAL CREMATION 23	b. DATE	D3E NAME OF	CEMETERY OR CREMA			(City or Tawn)	(Caunty)	(State)
sho	100.	REMOVAL Opecify) 23	5.7.69	() 4	red. Ma	1. Jahorel	Bal	Ti a some	741	(Sidia)
100	24.	FUNERAL DIRECTOR		ADDRESS	4 V O	2Sa, REC'D B	Y REGISTRAR		SIGNATURE	
15 (4)						DAY	1 2 196	9 Action	les Judy	Ma .
11 - 11									4.4	



1			DIVISION OF VITAL RECORDS	C 201 W DECTON CT			01010
	В	04824	DIVISION OF VITAL RECORD.			E, MAKTLAND 21201	04816
	1.0			CERTIFICATE OF			
# A====		ECEASED-NAME First		Last		DATE OF DEATH  Manth Day	Year 2b. HOUR
9 19 9	0.6		ARA		Hen	APRII do	2 1969 4 A.M
offer offer affe	3. 5		4. RACE	S. DATE OF B		6. AGE (In years last birther	IF UNDER 1 YEAR   IF UNDER 24 HRS.
rs o Pag Prs o	-	female	Colored	4-10		77 YRS.	
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within ely fille bon po within		BLEN BURNE	give street address) NC	INSTITUTION (If not in haspital ort Center	during Destroy	JPATION (Kind af wark dane	12b. KIND OF BUSINESS OR INDUSTRY Family
l w arba			ased lived, if institution: Residence before	e 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	TVC. Tamilly
attending physician and campletely filled in by the permit. Then please remave carbon papers. Pagian, or remaval, and in any event, within 72 hours	adm	issian) STATE M.D.	13b COUNTY ARENDO		YES NO	205 Queenst	DUN BD.
emo ony	14.	FATHER'S NAME First	Middle Last	1s. Mother's M	ALDEN NAME First	Middle	Last
d'in d'in		Sidne		Ann	ie	?	
cate sicia sleas aleas	16a.	WAS DECEASED EVER IN U.S. AF es, ng or unknawn) (If yes give				Address	
phy en ava			212-20-6		hard Cashe	n -Box 205 Rt	#2 Severn Md.
ing the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), and (	().)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leat end mit.		IMMED	DIATE CAUSE (a)	VH, left			2 can
that the d an. by the att fransit per		4124	DUE TO, OR AS A CONSEQUENCE O		The state of the		
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tha ian. by tran cren		stating the underlying cause		F			
equires that the physician signed by the burial-transit to burial, cremating		last.	) (c)				
The law requires that the death certificate attending physician. has been signed by the attending physician ise as the burial-transit permit. Then pleas the priar ta burial, crematian, or remaval, and	12	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)	
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ician: The law rational are attending rifficate has been of for use as the affect the late of the late		21a. ACCIDENT WAS UNDERLY		1		af injury in Part 1 ar Part 2,	Item 181
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d by the After d be decorated by the decorated be decorated by the decorated by the decorated between the decorated by the de	10	220. I certify that (I) (t	his hospitol) attended the deceo	sed from 1 - Z c	1969	to 4-22 19	67, that (I) (we) last
	50	saw the deceased	this hospitol) attended the deceo alive an	1969, and that in (m	y) (our) opinion d	eath occurred on the do	te and hour and fram the
ATTENI etained CTOR: A shauld rith the	1.5	22b. SIGNATURE	ve, (1) (we) (ala) (ala hor) view ini	s bady after death.			
OR ATTENDING PHYSICIAN: be retained by the haspital ar JIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. af Healt	- 1	Chant	Daloling 1	DEGREE PHYS.	NG MED.	STAFF DY-	DATE SIGNED 23 - 69
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type) ROBE		/		WAY N.W 9	Eu Burng Fed.
Puge Puge	23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME 0 Baltin	F CEMETERY OR CREMATORY MORE National	Com 23d.	LOCATION (City or Town)  1timore Maryl	(Caunty) (State)
2 2 2	04						
VR 415 (4)		FUNERAL DIRECTOR erbert E. Nuti	ter-3035 W. North		2Sa. REC'D BY REGIS	0.00/	
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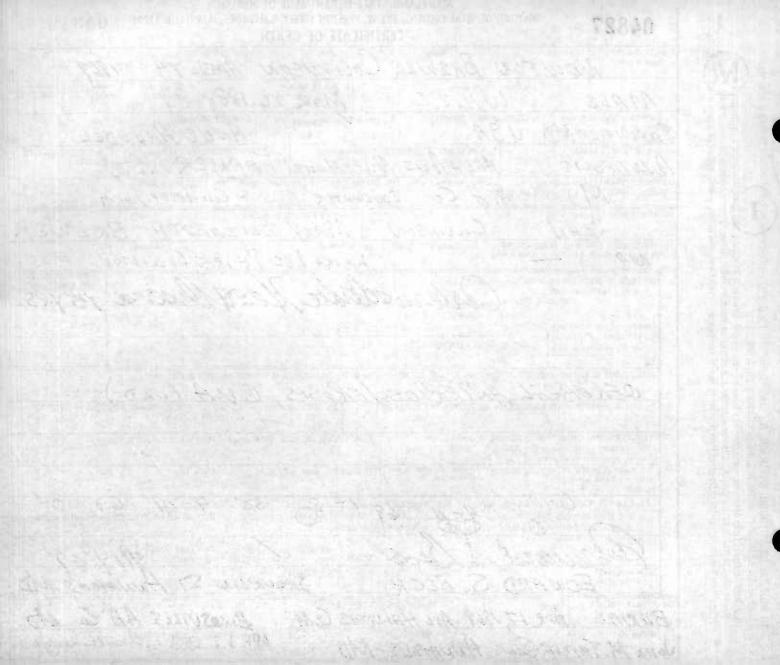
	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	04825 CERTIFICATE OF DEATH	
death.	1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) 11:11:00 Month Doy Congress Month Doy C	UR P
er death. funeral I and 2 ter death.	WIII am NMN CHAMP April 27, 1969 2:10	
within 24 hours after by filled in by the fundamental popers. Peges I within 72 hours after	Male lost birthday) Months Cavis House	HRS. MIN.
Sur Page 1	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED TO PERFORM	_
ician and completely filled in 67 The fease remove carbon papers. Bages and in any event, within 72 hours after	Country   Maryland   U.S.A.   WIDOWED   DIVORCED   Anne Arundel County	Md
thing the	10 CITY OR TOWN OF DEATH	
CG in bet	Annapolis    General Hosp	,
for use as the burial transit permit. Then please remove care Health prior ta burial, cremation, or removal, and in any event,	13c. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE  Maryland Anne Arundel Annapolis  13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  YES NO  Rt. 2, Box 294	
rem an)	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	_
nd ir	ALLEN NAN CHAMP ADELAY NAN JONES  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
val, a	Yes, We runknown)  16. SOCIAL SECURITY NO.  216-48-8936  17. INFORMANT  Alfred Champ-Rt. 2-Box294  Annapolis, Md.	
emo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I, DEATH WAS CAUSED BY:	н
mit.	IMMEDIATE CAUSE (0) Sylver	
t per	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO (AUSES OF DEATH?)  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	(If either, notify medical examiner) P.M.	
,	While Not while Office Bullone, Erc.	ð
	or work of work	last
	saw the deceased glive an 912 67 19 and that in (my) (aur) aginian death accounted an the date and hour and from	the
	causes stated abave, (1) (we) (did) (did not) view the bady after death.	
	DEGREE PHYS. DIRECTOR	
3 /	22d. PHYSICIAN'S NAME (Type) GENAND CHUNCH 22e. ADDRESS 121 CATHENNIN SI HOWARDUS M	n
should be filed with the State Dept. of	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
N	Berial May 1-69 Breadneck Cemetery A.A.Co. Maryland	
2	24. FUNERAL DIRECTOR  C.E.Hicks III Annapolis, Md.  Annapolis, Md.  Annapolis, Md.  DAIHWAY 6 1969	1
27	DAIHUI U 1000	

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now to the comment of the state of the

MAKILAND STATE DEPAKTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04826 04818 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 1. DECFASED-NAME First Inst 2b. HOUR death. within 24 haurs after death (Type or print) Manth Day Year MARGARET CLIFFORD 2:00 AM 69 S. DATE OF BIRTH 3. SFX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) MONTHS CAYS 28. 1888 AUG CAUC. FEMALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED remave carban papers WIDOWED -DIVORCED [ ANNE ARUNDEL COUNTY MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** BROOKLYN OUSEWIFE HOME MAKER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE 13b. COUNTY NO X YES L12 SEWARD AVENUE BROOKLYN and in any Middle 14. FATHER'S NAME First Middle Inst 1S. MOTHER'S MAIDEN NAME First JAMES TUCKER MARGARET COSDEN law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 21225 Yes, na, or unknown) CHARLES 112 SEWARD AVE. BALTO. NONE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES 🔲 NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at work ot work 22a. I certify that (I) (this haspital) attended the deceased from 196 . ta 20 \_\_\_19 A, and that in (my) (aur) apinian death occurred an the date and hour and from the saw the deceased alive an\_ causes stated abave, (I) (we) (did) (dig nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 4605 EDMONDSON AVE, BALTO, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) CHARLES BORROMO 23,1969 ST 24. FUNERAL DIRECTOR REC'D BY REGISTRAR warles VR A15 (4) 4001 RITCHIE HGWY, BALTO, Md. ARR 3DM REV. 1/68

1.		MARTLAND STATE DEPARTMENT OF HEALTH
N.		04827 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04819
1	•	CERTIFICATE OF DEATH
		1 December vives
to to	Tone a	(Type or print)
de		NEWTON DREWER COLLINSON HORIZ MY 1969 M
ē	FILE	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 14 HRS.
45	o o o	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lif under 14 ARS. Months DAYS HOURS MIN. WONTHS DAYS HOURS MIN.
Jrs	Pa	
hod	S. S.	COUNTY)
24 hours after deoth	d i 72	ZBC-EWATER NO U DA . WIDOWED DIVORCED HINNE HRUNDEL Md.
C	를 오는	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work-done 12b. KIND OF BUSINESS OR
within	25311	HANNAPOLIS STEED OFFICE STEED STORY STEED OF STEED STORY STORY STORY OF STEED STORY
	arb ar,	13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
Par	To Se D	Indmission) STATE // // In 112k COMMTV //
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( X	9 5 6	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
. 70	i i i	JOHN COLLINSON MARY ELIZABETH BREWER
requires thot the death certificate	physicion. signed by the attending physicion bad completely filled in by th burial-tronsit permit. Then please remove carbon popers. Pag burial, cremotion, or removol, and in any event, within 72 hours or	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
fi.	ysi o o o	Yes, no or unann) (If yes give war or doles of service) LAURA LEE PHIPPS COLLINSON #13
erti	ph	The state of the s
4	attending p permit. The ion, or remo	18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:
eat	or r	IMMEDIATE CAUSE (a) ALTO THORSE WILLE OF AND I GENERAL 15 VRS
O.	ern on,	4/23 DUE TO, OR AS A CONSEQUENCE OF
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=	ion tro	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
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¥ .	che che	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
4	this etc	While Not while at wark at wark at wark
OR ATTENDING PHYSICIAN: The low	be retoined by the hospitol or  SIRECTOR: After this certificate  e 3 should be detoched for used with the State Dept. of Healt	
<u> </u>	Aft b St	220. I certify that (I) (this hospital) attended the deceased from, 1955, to, 1969, that (I) (we) last sow the deceased alive on, and that in (m) (our) opinion death accurred on the date and haur and from the
- NE	the the	causes stated obave (1) (we) (did) did not liew the bady after deoth.
A	sh sh i	22b. SIGNATURE 22c., DATE SIGNED
~	A SE SE	ATTENDING MED. STAFF
	D o o o o o o o o o o o o o o o o o o o	
T A	AL po be for	22d. ADDRESS NAME (Type) EDWARD S BECK 22e. ADDRESS PROVICEN ST ANDRESS HAD
TO HOSPITAL	Page 4 may be retained by the hospital or  TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	TOWARD S DECK SHADKER ST PONATORS POD
9	FU FU Tec To U	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0	S. d. o.	BURITY APR. 17 1969 ALL HALLOWS CEM RIRDSVILLS AA. CO MD
	00	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY BEGISTRAR 250. REGISTRAR'S SIGNATURE
	VR A15 4	NOHN M. TAYLOR. SONS ANNAPOUS MD DATE APRIT 1969 following Judge.
	Jan 1	ACIAN IN THE TOTAL TOTAL TOTAL DAIR



4	1	04823	DIVISION OF	VITAL RECORDS			REET, BALTIN		YLAND 21201		
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量(114	3. 5		4. RACE			S. DATE OF B	di-	.922	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
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n 24 Illed pap	10.	CITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR II					ARUNDEL Kind of work done	12b. KIND OF I	Md.
executed within 24 haurs after death and campletely filled in by the time all remove carbon papers. Page 1 and 1 any event, within 72 haurs after death		ANNAPOLIS	give st	reet oddress) VAL HOSP ]	TAT.	35 17			ife, even if retired.)	MOT OR	LODGE
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ate by ician lease and i		FRED NORMAN AN: . WAS DECEASED EVER IN U.S. ARI		16b SOCIAL SECURITY	(NO 117 IN	VFORMANT	MARIE BO	DWLES	Address		
ertificate b physician pen please			vor or dates of service)	166 SOCIAL SECURITY 151-20-70	12		TAL REGO	np ng	Address		
cert Ther mov		18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	ly one couse per line			MUSE L	IAL DEG	<u> </u>		APPROXIM	ATE INTERVAL ISET AND DEATH
ne death cei attending p permit. The		PART 1. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) ACU	te purul	ent tra	cheobr	onchiti	S		1 we	
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equires tho physician. signed by burial-tran		PART 2. OTHER SIGNIFICANT COI	(c)	NG TO DEATH RUT I	NOT RELATED TO	THE TERMINA	N DISEASE OR CO	NOTION GIVEN	IN PART 1(a)		
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rspit aspit certif red t. af	MEDICAL	(If either, natify medical exami			19	CATION Steel	at or DED No	City	or Town	C	Ch-A-
ATTENDING PHYSICIAN: The law requires that the death certificate be(etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician ar shauld be detached for use as the burial-fransit permit. Then please raith the State Dept. af Health priar ta burial, crematian, ar removal, and in		While Not while at wark	TEACE OF INJUNE	AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	211. 100	CATION SITE	et of K.P.D. No.	City o	or 10wn	Caunty	Stote
ING ter ter tate	18	22a. I certify that (1) (th	is haspital) atter	nded the deceas	sed fram		, 19	, ta		, that	(I) (we) last
END led I ld I he S		saw the deceased a causes stated above	live an	did not view the	19, and	that in (m	ny) (aur) apini	ian death a	curred an the da	te and haur o	ind fram the
ATTI Stain Shau iith t		22b. SIGNATURE	;, (1) (we) (u)a) (	ald pol) view life	budy difer d	eum.			220.	DATE SIGNED	
or sed w		Micha	UT.40	our -	MD DEGRE	ATTENDII E PHYS.	NG MEL DIR	D. ECTOR	STAFF PHYS.	April	1969
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 may be retained by the haspital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and		22d. PHYSICIAN'S NAME (Type) M.F. F	ORNES LO	OR MC IIS	N	22e. ADC	RESS HOSPI	TAL. A	NNAPOLIS,	1D.	
OSP B 4 r	220	BURIAL, CREMATION, 23b.			CEMETERY OR C				I (City or Town)		(CA-A-)
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THE STATE OF THE STATE OF	MARYLAND STATE DEPARTMENT OF HEALTH
	04829 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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reto refo	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED.
L OR / be r DIRE	DEGREE PHYS. DIRECTOR PHYS.
ro Hospital Page 4 may O FUNERAL I directar, pag should be fil	22d. PHYSIGIAN'S NAME (Type) NICHOXAS J. PERNICE 22e. ADDRESS KIMBROUGH ARMY HOS, Ft. G. MEADE, INC.
HO Bge - FUN irrect houl	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 s	REMOVAL (Specify) April 23 '69 Odd Fellows Danville Penna
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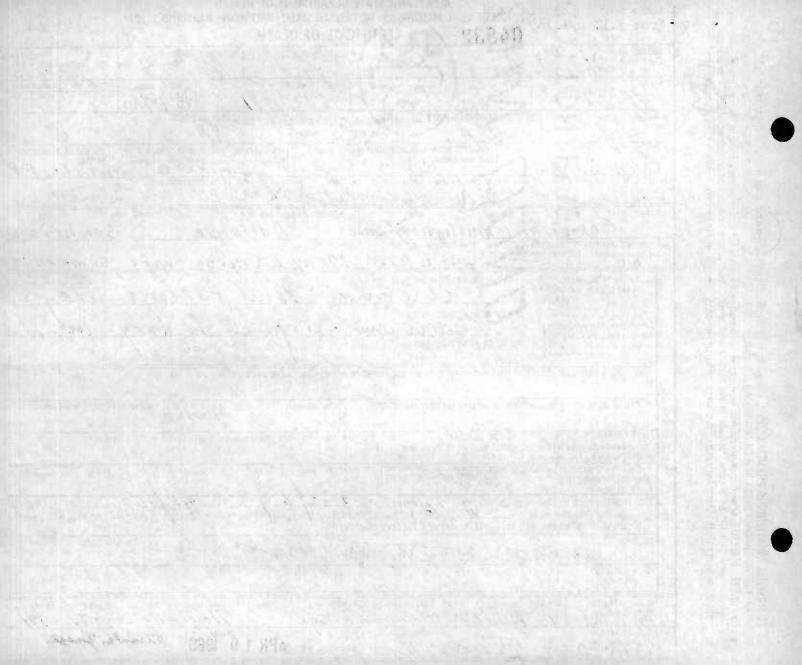
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FOR STATE	- 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04822	
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of Je to	(1	YPE OF Print) ERNEST Ridgely CRAPS TER JR DEATH MATED 4 1 169	0
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hin 24 haurs after neil in Item 18. Give nipers Office alang pages I and 2 with the hours after death	130. od	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY ARE GIENBURNIE   YES NOT   111 Sunset Drive	
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in i	160 W	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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10 10 10 10	F	BURIAL, CREMATION, REMOVAL (Specify) 14-5-1969   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (Stote)   Woodlawn   Md.	
VD 43545451		FUNERAL DIRECTOR  ADDRESS  Howard Strong 3207 W. North Ave., 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	
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MAKTLAND STATE DEPARTMENT OF HEALTH

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		04834	DIVISION OF VITAL RECORDS,	301 W. PI	DEPARTMEN RESTON STREE ATE OF DE	T, BALTIMOR		048	26
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MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04827 CERTIFICATE OF DEATH DECEASED-NAME First 2a. DATE OF DEATH Middle Last 2b. HOUR ician and completely filled in by the funeral lease remove corbon popers. Pages Fand 2 ond in ony event, within 72 haurs after death 24 haurs after death Donina George (Type ar print) Month -Day 69 6:300M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years **1F UNOER 1 YEAR** 1F UNDER 24 HRS. last birthday) MONTHS OAY5 HOURS white 9-4-10 male YRS. and completely filled in by 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Anne Arunde! USA Pa. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street, address) during most of working life, even if retired.) **INDUSTRY** Glen Burnie Arundel 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER exerceted admission) STATE JIBb. COUNTY NO T Aliquippa Beaver Ave. buriol, cremation, or removal, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last The law requires that the death certificate be attending physician permit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF HIZTERIO SCL ERUSIS Canditians, if any, which gave: buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 moy be retained by the hospitol or ottending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) To FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the least the flad with the State Dept. of Health prior to be a state and the state Dept. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO 🖼 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street ar R.F.D. Na. 21e. PLACE OF INJURY City or Town County State While Nat while at wask TENDING 22a. I certify that (1) (this hospital) attended the deceosed from and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type REZ NAME OF CEMETERY OF FREMATORY 23a. BURIAL, CREMATION 23b. DATE LOCATION (City or Town) (Caunty) (State REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

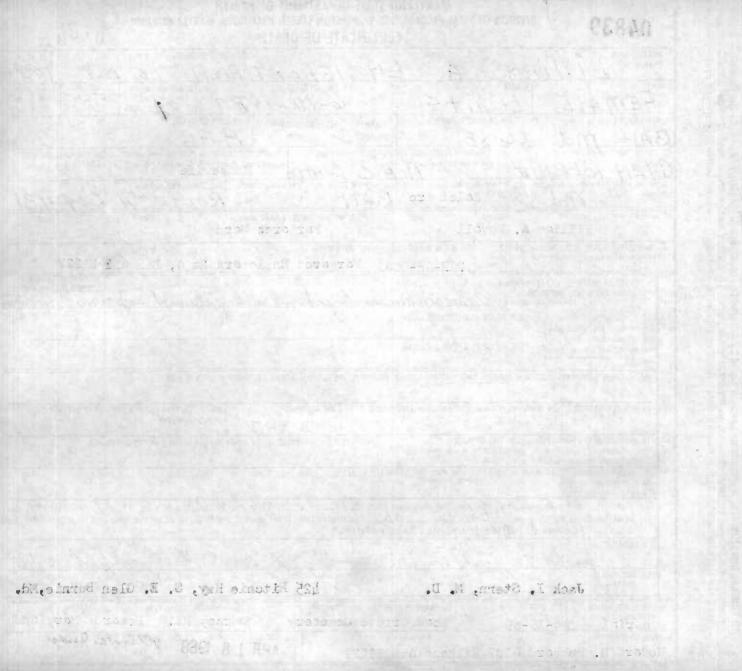
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04836 CERTIFICATE OF DEATH 04828 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH deoth. (Type or print) DORSEY Francis James 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DAYS HOURS Male White November 3. 1901 and completely filled in by the 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED remove carbon popers. Washington, D.C. U.S. WIDOWED | Anne Arundel DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ave street address)
Anne Arundel Gen. Hospital during most of working life, even if retired.) INDUSTRY Annapolis 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN burial, cremation, or removal, and in any event, requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land Pr. Georges 2613 Kirkwood Place YES X NO Hyattsville 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost James Catherine Dorsey Ganley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Hyattsville, Md. 577 10 0929 Mary E Dorsey 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Could be Chronic Congr. APPROXIMATE INTERVA permit. signed by the burial-tronsit p Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior tall 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESXLX NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while 22b. SIGNATURE 22c. DATE **ATTENDING** DIRECTOR DEGREE PHYS. PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) Willard F. Smith, M.D. Shady Side, Md. 23c. NAME OF CEMETERY OR CROMINISTIC 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial April 21 1969 Our Lady of Sorrow church Owensville Md Calvert 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69 F. Gasch's Hyattsville, Md.

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tificate hysician pleas val, and	160	WAS DECEASED EVER IN U.S. (es, no, or unknown) (If yes on No	give war or dates of service)		NFORMANT Argaret Engleha	Address Art Rt 4, Box 4	31 21227	
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G PHYS the has this ce detache	W	While Not while at work of wark		HDME, FARM, STREET, FACTORY.) 21f. LOC CE BUILDING, ETC.		City or Town	County	Stote
OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate is 3 shauld be detached far ued with the State Dept. af Heal		22a. I certify that (I) saw the deceased causes stated ab	(this haspital) attended alive an upoid ave, (I) (we) (did) (dic	ed the deceased from 19 deceased from 19 deceased from 19 deceased from 19 and	that in (my) (aur) apiniar eath.	, ta <u>April 16</u> , 19 n death occurred an the do	_67, that (ate and haur ar	l) (we) last ad fram the
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag	230.	DEMOVAL (Specific)	3b. DATE 4-19-69	23c. NAME OF CEMETERY OR C	Cemetery Do	d. LOCATION (City or Town) orsey Rd. How	(County) vard Mar	(Stote) yland
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VR A15 (14) 45M - 1769	H	loward H. Hubl	oard 4107 Wi	1kens Ave 21229	DATE APR 1	GISTRAR 1969 25b. ROUTEARS	A PAR MAN	*



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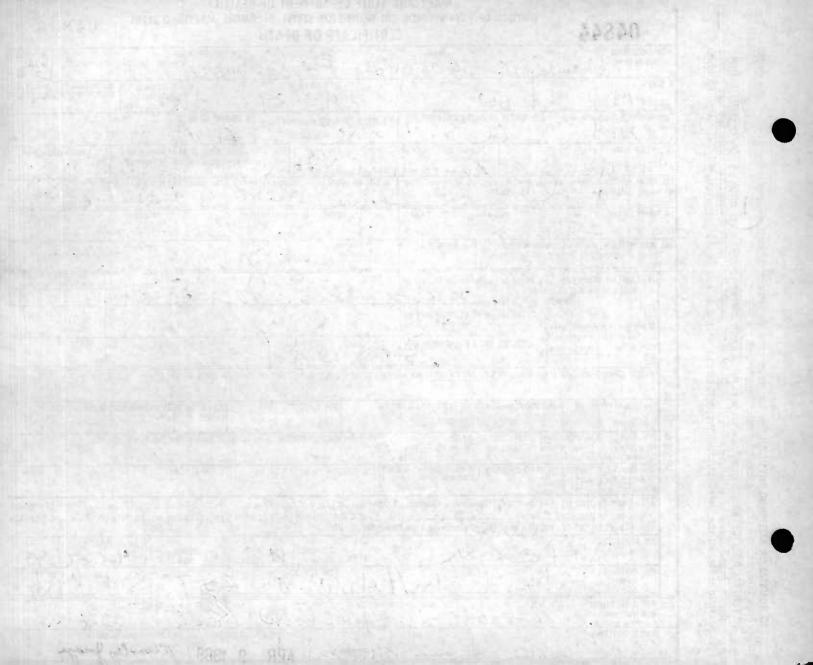
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04843 04835 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 24 haurs after death. death. 1 ond physicion ond completely filled in by the funeral en please remove carban papers. Pages I and (Type or print) Month Joseph H. Fefel 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) DAYS MONTHS I NOURS Male White July 4, 1895 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U. S. A. WIDOWED -DIVORCED Md. Ann Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane within 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Produce Salesman INDUSTRY Ferndale 229 Williams Rd. Self 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admissian) STATE 13b. COUNTY YES 🐷 Md. NO. Balto. 2563 Frederick Ave. and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Fefel Joseph Barbara Zell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Ferndale, Md. 21061 Yes, na, ar unknown) (If yes give war or dates of service) or removol, 213-12-6923 Mr. John O. Fefel 229 Williams Rd. AMPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), ond (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) permit. cremation, CONSEQUENCE OF DUE TO, OR AS A signed by the buriol-tronsit p Conditions, if ony, which gave ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor director, page 3 should be detoched should be filed with the Stote Dept. of (If either, notify medical examiner) (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (I) (this hospital), attended the deceased from sow the deceosed olive on. ond that ig (my) (get) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURA 22c. DATE SUSNED ATTENDING DEGREE DIRECTOR PHYS. 22e. ADDRESS 23a. BURIAL, CREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) (County) REMOVAL (Specify) 24.1969 Loudon Park Cem. Balto. Md. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) ( G. Truman Schwab 3512 Frederick Ave, Balto. Md.

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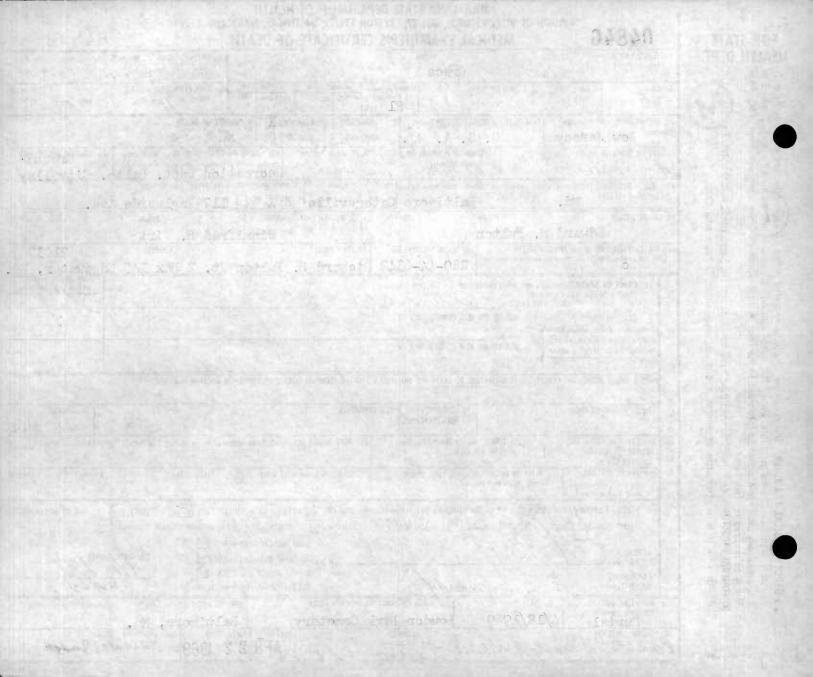
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at the death ce the attending ssit permit. The mation, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), (stating the underlying couse (b)  DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE
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PHYSICIAN: The law rehe hospital or attending this certificate hos been letoched for use os the Bopt, of Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
ilClAN: pital or rtiflicate ad for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2, Item 18.)    Contributing   Cause of Death   HOUR A.M. Manth Doy Year   P.M.   19
G PHYSIC the hospir this certi detoched	W	21d. INJURY OCCURRED While Not while at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.  21f. LOCATION Street at R.F.D. No. City or Tawn Caunty Stote
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retoined by the hosp TO FUNERAL DIRECTOR: After this cer director, page 3 should be detoche should be filed with the State Dept.		22a. I certify that (I) (this haspitol) attended the deceased from 1961, to 1961, to 1963, that (I) (we) lost saw the deceased alive an 1963, and that in (my) (our) opinion death acturred on the dote and have and from the causes stated above, (I) (we) (did) (did not) view the bady (after death.
L OR AT be reto DIRECTOR 3 shilled with		22b. SIGNATURE  DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED  PHYS. DIRECTOR PHYS. D
OSPITAL NERAL ctor, pa	00	22d. PHYSICIAN'S NAME (Type) Relaert R. HAARW. 810-Boz735. P. M.
TO HC Page TO FU direc		BURIAL (REMATION, PRIMOYAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. ADATION (City Town) (County) (Stote)  FUDERAL DIRECTOR 23b. RECTO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1)	24.	The following Severa Ph. Signature 256. REC'D BY REGISTRAR'S SIGNATURE OLD STORES Phosps



4	DIVISION OF VIT		DEPARTMENT OF HEA		
048	45		RESTON STREET, BALTIMO ATE OF DEATH	IKE, MAKTLAND 21201	04837
1. DECEASED-NAMI (Type or print)		Middle		o. DATE OF DEATH  Month Doy	Yeor Zb. HOUR
3. SEX 7M	4. RACE	( ward	3. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70. BIRTHPLACE (S	tote or foreign 7b. CITIZEN OF WHAT C	OUNTRY? 8. MARRIED	4/2/1- 00	OUNTY OF DEATH	
country) 10. CHY OR TOWN 130. USUAL RESID odmission) STAT 14. FATHER'S NAM	- Stel- U5+	WIDOWED [ F HOSPITAL OR INSTITUTION (If no		4. H-	Md.
country)  10. CHT OR TOWN  130. USUAL RESID  odmission) STAT	give street 103'	oddress) Orces	Rd- during most of	CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130. USUAL RESID odmission) STAT	NCE (Where deceosed lived, if institution: F	Residence before 13c. CITY OR Hon Bu		The state of the s	Road
14. FATHER'S NAM	First Middle		MOTHER'S MAIDEN NAME First	Middle	Lost
14. FATHER'S NAM 160. WAS DECEAS Yes, no, or unk 18. CAUSE PART I.		SOCIAL SECURITANO. 17. IN	NFORMANT	Address	TNNETST
NO TO CAUSE	2/	2-03-034 11V	una de	ents -	APPROXIMATE INTERVAL
PART I.	DEATH (Enter only one couse per line for DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	ardio-	Vascalo	Disease	DETWEEN ONSET AND DEATH  2 - Western
160. WAS DECEAS Yes, no. or unk 18. CAUSE PART I. Conditions, rise to imm	fony, which gave)	EQNSEQUENCE OF	TA/2 1 ====		1-71
stoting the	underlying couse DUE TO, OR AS A	CONSEQUENCE OF	1		1 / cfu
PART 2. OTH	ER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	ITION CIVEN IN PART 1(a)	
z C	ed + bis.	rehetes		Weeks -	
NO 190. DATE OF	OPERATION 19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20o. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
210. ACCIDE  TO OR CONTRIB  (If either, no	NT WAS UNDERLYING 21b. TIME OF INJUITING CAUSE OF DEATH HOUR A.M. More tify medical examiner) P.M.	IRY 21c. HO	W INJURY OCCURRED (Enter not	ure of injury in Port 1 or Port 2, I	tem 1B.)
While D	OCCURRED 21e. PLACE OF INJURY (AT HO OFFICE	OME, FARM, STREET, FACTORY, 21f. 101 E BUILDING, ETC.		City or Town	County Stote
22o. I cer saw	tify that (I) (this hospital) attende the deceased alive an ———————————————————————————————————	d the deceosed from	, 19 <u>48</u> that in (my) (aur) opiniar eath	n death occurred on the da	of, that (I) (we) last te and haur and from the
22b. SIGNATI		2 DEGRE	ATTENDING MED	C STAFF C	PATY SIGNED /69
No Date of Health of Same Control of Control			22e. ADDRESS Sm	Thienen	md-
230. BURIAL, CREI	MATION, 23b. DATE ecify)	23c. NAME OF CEMETERY OR	0 !	d. JOCATION (City or Town)	(County) (State)
24. FUNERAL DIRI		Clantaven Ma		GISTRAR 2Sb. REGISTRARS	SIGNATURE
15 AS Sinal	ton Frenexal Hom	e / Clan Bux.	vie ma DATE 2	9 1969 June	En Judas :

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		04838
HEALTH DEPT.	1. DECEASED-NAME First Middle Last / 20. DATE KNOWN Month D	Doy Year 2b. HOUR
ta ta af	(Type or Print) Elhel Grace Fullow OF ESTI- DEATH MATED 4/	5 169 AM
y delay is , and 3 ta PM3. Page outment of	3. SEX  4. RACE  S. DATE OF BIRTH  4-11-88  6. AGE (In years le under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manth 4 Day /)	Year 169 2d. HOUR A
E - E - G	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   Guntry) New Jersey U.S.A. WIDOWED   DIVORCED   A.M. COUNTY OF DEATH   GUNTRY   10   10   10   10   10   10   10   1	Md.
Ofter death Give Pages 1, adapt form with the State Death.		2b. KIND DE BUSINESSIOR
hin 24 haurs ofter death notil in Items 8. Give Pages 1, niner's Office alang with form pages 1 and 2 with the State De hours after death.	13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Baltimore Catonsville VES X NO 117 Ingleside Assertion 13b. COUNTY Baltimore Catonsville	
haurs Heffice Office 1 and 2	14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle	Last
	Edward M. Fulton Winnifred B. Wirt	
hin 24 ncil in niner's pages hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   17. INFORMANT   17. INFORMANT   ADDRESS   17.	21037
with per xan xan xan 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN PASET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	IMMEDIATE CAUSE (a) CIVILIZIO SELEVILLE COLO	2
pen pen ef N isit	Canditians, if any, which gave	Tesla
certificate should be e writing the word "per rwarded ta the Chief I sed as o burial-transit naval, and in any even	rise ta immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te state de ta de	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fica fing rrded as as		
This certificate, writing the farward be used a control of the con	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item	20. AUTOPSY?  YES NO NO
INER: The certificate certificate shauld be files. 3 should be asked to a should be a shou	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OF CONTRIBUTING Part 1 or Part 2, Item CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH 21d. INJURY OCCURRED 12)e, PLACE OF INJURY (At hame, farm, street. 21f. LOCATION Street or R.F.D. No. (ity or Jawn)	n 18.)
XAMINER: ute the certing ge 4 shauld yaur files. Page 3 shou crematian,	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 2 121e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.)  21f. LOCATION Street ar R.F.D. No. City ar Tawn	Caunty State
To DEPUTY DICAL EXAMINER: This necessary, please execute the certificate, the funeral directar. Page 4 shauld be for 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 should be to Health prior to burial, cremation, ar ren	220. I certify that   took charge of the remains described above, held an Autapsy   , Inspectian   , Inquiry   , death resulted from Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined monner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNATURE	and in my opinion  GNED 6 9  MEU .  Gaunty) (State)
VR A15ME (5) 10M REV. 1/68	REMOVAL (Specify) Burial 4/18/1969 Loudon Park Cemetery Baltimore, Md.  24 FUNERAL DIRECTOR  ADDRESS   25g. REC'D BY REGISTRAR   25b. REGISTRAR'S SIG	
10M KEV. 1700	CANORO O VICE INTE	



1	04847 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
Ī	DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Laura B. George April Manth Day 26, 1969 April
1	Female  4. RACE S. DATE OF BIRTH 10-03-07  5. DATE OF BIRTH 10-03-07  6. AGE (In years lift under 14 Hrs. larger lift under 24 Hrs. larger lift under 15 Hrs. larger lift under 24 Hrs. larger lift under 15 Hrs. larger lift unde
1	1. SIRTHPLACE (State or foreign V.S. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED OF DEATH WIDOWED Anne arundel Md.
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during House February 120. USUAL OCCUPATION (Kind of work done during House F
0	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN lad. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13c. CITY OR TOWN lad. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13e. S
1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Last 18. MOTHER'S MAIDEN NAME First Middle Last Last
	6d. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or uniform)  (If yes give wor or dates of pervice)  [16b. SOCIAL SECURITY NO.  [17. INFORMANT]  Address  APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Country State  While Not while of work at
1	30. BURIAL, CREMATION, REMOVAL (Section) 23b. DATE (23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Section) (State) (County) (State)
-	4. FUNERAL DIRECTOR 14.13. E FORT CLE DATE  250 ARES D BYSTEPISTRAP 5. SIGNATURE DATE  250 ARES D BYSTEPISTRAP 5. SIGNATURE DATE

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	non-division	Gorgeost Lat		ettinul on

4 15	Items10&11 FilmC411   MARYLAND STATE DEPARTMENT OF HEALTH   h/1h/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		840
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day (Type ar Print) OF ESTI-	Year 2b. HOUR
5 5 8 5 7	LUCIOS GILLENS DEATH MATEDA	19 M
iny delay is 2, and 3 to PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lef under 14 VEAR if under 24 Hrs. left	Year 1969 9.50 P. M
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	
es 1 farm	Washington D.C. USA WIDOWED DIVORCED Anne Arunde1  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b.	Md.
haurs after death tem 18. Give Pages 1, Office along with farm 1. Land 2 with the State Deather death.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  120. USUAL OCCUPATION (Kind of wark dane lize. during most of warking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  120. USUAL OCCUPATION (Kind of wark dane lize. during most of warking life, even if retired.)	KIND OF BUSINESS OR JSTRY
ffer Giv ong ong ith the	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
rs after 18. Give a along a death.	ddraission) STATE Mashington, DC   13b. COUNTY   YES □ NO 🔀   1713 A St., SE	
This certificate shauld be executed within 24 haurs after death cate, writing the word "pending" in pencil in them 18. Give Page be forwarded to the Chief Medical Examiner's Office along with 1 be used as a burial-transit permit. File pages Jand 2 with the Stater remayal, and in any event within 72 haurs after death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Beatrice	Evans
within 24 pencil in 2 xaminer's xaminer's ile pages 172 haurs o	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
Example 1 File	(Yes, na, ar unknawn) (If yes give wor or dates of service) Mrs. Janet Gillens-wife-1713	
ecuted in ling." in edical Exermit. Fix within	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  Antoniossalonatic Cardiovascullar Disease	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
xecuted nding" ir Medical I permit.	IMMEDIATE CAUSE (a) AFLEFTOSCIETOLIC CAIGITOVASCUTAT DISEASE	1000000
ruld be exvord "pend re Chief M al-transit p	Canditions, if any, which gave )	
ord ' ord ' Chi	rise to immediate cause (a).  Stating the underlying cause (DE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per ia the Chief I burial-transit I in any ever	(c)	
is certificate shauld be executed with te, writing the word "pending" in penforwarded ta the Chief Medical Example used as a burial-transit permit. File premayal, and in any event within 72 h	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Carbon Monoxide Inhalation	
certif orwar used maval	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERMAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	20. AUTOPSY?
his cate, e follo	WAS PERFORMED?	YES X NO
INER: The e certificate e certificate shauld be files. 3 should be action, ar i	21a. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING HOUR NAW 8:37P.M. 4/7/ 19 69 SOOT inhalation in burning automob	B.) Smoke and
INER: Te certifice should be files. 3 should nation, or		TUTE.
XAM te th ge 4 yaur age crem	while Not while at work Armer Street  ANne Street  And Anne Street  Are Street  And Anne Street  And Anne Street  Are Street  And Anne Street  Are Street  And Anne Street  And Anne Street  And Anne Street  And Anne Street	Arundel <sup>St</sup> dd. Clare Rd.
ical Estatution Page ed for Scrops: CTOR: Purial,	22a. I certify that I taok charge of the remains described above, held an Autapsy 🔀, Inspection 🗌, Inquiry 🔲,	and in my apinian
bica director. director. etained f DIRECTO	death resulted fram: Natural causes, Accident _X_, Suicide, Homicide, Undetermined manner	
dire dire	ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGN	ED
RAIL PULL	SIGNATURE 1	8/69
TO DEPUTY necessary, p the funeral 5 may be ra TO FUNERAL Health prior	EXAMINER'S Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county)	
10 H	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	inty) (State)
	Descript / [ ] / / ] ] / ( ) II Demons Monora   Dasale Marriand	ATUAL
VR A15ME (5)	24. FUNERAL DIRECTOR January Slewart ADDRESS 250. RECURRAR'S SIGNAL Stewart Funeral Home-4001 Benning Road, NAME 11 1969	Judge
10M REV. 1/68/	Decware and a mone-wood permany mode, parts	60 80

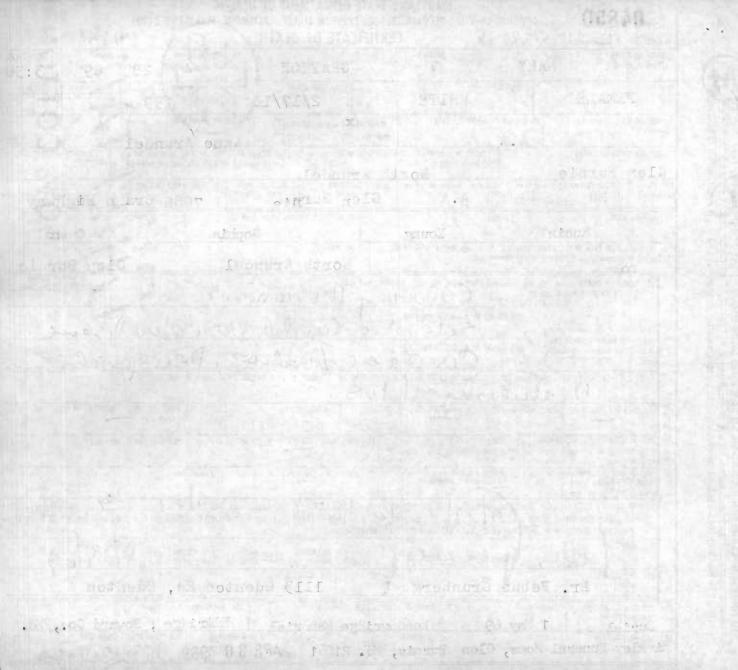
TO SEE THE RESIDENCE OF THE PROPERTY OF THE PR M. G. Ashad of tensors of the Bl., S. D. 

MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04841 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR P last 20. DATE OF DEATH within 24 haurs after deoth (Type ar print) Pelanater GLEASON Rea 10:50M 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) Aug. 23. 1910 Female White YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) completely filled in love corbon papers. U.S. New York WIDOWED [ DIVORCED [ Anna Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work)done 12b. KUND OF BUSINESS OR give street address)

Anne Arundel Gen. Hospital Annapolis Tome 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. DLOR TOWN executed 13e. STREET AND NUMBER admission) SIATE Maryland Anne Arundel remove 3734 Ramagate Drive Annapolis and in any 14. FATHER'S NAME pup 1S. MOTHER'S MAIDEN NAME First OR ATTENDING PHYSICIAN: The low requires that the death certificate be attending physicion permit. Then pleose 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN Yes, na, ot phenawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per Jine, far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) be retained by the hospital or attending 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO XX 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) director, page 3 should be detached should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Tawn County State While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an\_\_\_\_\_\_\_19\_ \_\_\_, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED DEGREE 22d. PHYSICIAN'S NAME (Type) Richard N. Peeler, M.D. 22e. ADDRESS 121 Cathedral St., Annapolis, Md. BURIAL, CREMATION, REMOVAL (Specify) COMETERY OR CREMATORY 23d toCATION (City or Toyen) (County) Lincoln adens burg FUMERAL DIRECTOR REC'D BY REGISTRAR 2Sb. Miloseles &

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ر اس ر	04850 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	cem8 FilmG412 5/5/69 kk CERTIFICATE OF DEATH 048	342
de ath.	CEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR A 3:30
the the social s	FEMALE  4. RACE  WHITE  S. DATE OF BIRTH  2/17/10  6. AGE (In years lost birthday)  YRS. MONTHS	
4 haurs 4 in by 8ers. P	SIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   9. C	Md.
vithin 2 y filled an pap within	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b.)	KIND OF BUSINESS OR USTRY
Covernt,	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssion) STATE Md 13b. COUNTY A.A Glen Burks NO 788 Crain I	Highway
any any	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
se r	Rubin Young Sophia	Owens
rificate physicia in plea val, an	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT North Arundel Gler	n Burnie
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the certificate for use as the burial-transit permit. Then please remaye carbon papers. Pages and Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs or creed.	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.	
OR ATTENDING be retained by th DIRECTOR: After t ge 3 shauld be de ed with the State	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month   Day   Yeor   19	that (I) (we) last that and fram the
TO HOSPITAL Page 4 may TO FUNERAL I director, pag Should be file	BURIAL (REMATION, REMOVAL (Specify)  1 May 69  Meadowridge Memorial  FUNERAL DIRECTOR  ADDRESS  ADDRES	Co., Md.



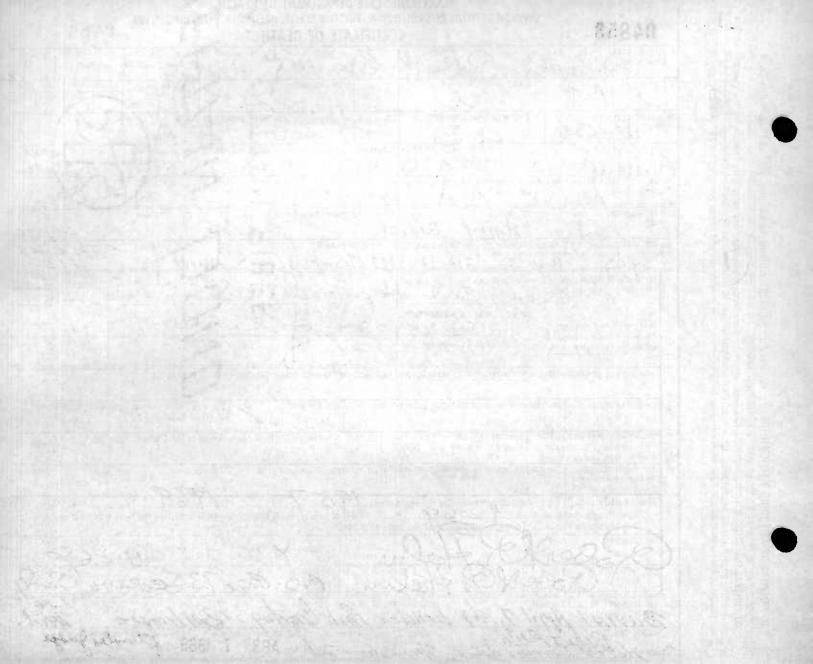
	1	04851	DIVISION OF VITAL RECORDS,		LTIMORE, MARYLAND 21201	04844
	L			CERTIFICATE OF DEATH		
		ECEASED-NAME First Type or print) Chris	Middle Stina NMN	last GRIERSON	2a. DATE OF DEATH  April 26	2b. Hour 1969 10:35
	3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Female	Cauc.	December	15, 1888 80 yrs.	MONTHS DAYS HOURS MIN
	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	tat	Maryland	USA	WIDOWED TO DIVORCED	Anne Arundel	Md.
3	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress Arunde	STITUTION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	130 adn	USUAL RESIDENCE (Where deceasissian) STATE Maryland	sed lived, if institution: Residence before	13c. CITY OR TOWN  Annapolis  YES	TY LIMITS? 13e. STREET AND NUMBER  915 Madison	Street
/		FATHER'S NAME First	25 GOETZ	15. MOTHER'S MAIDEN NAMI MAR & B	E First Middle	DER
	160	WAS DECEASED EVER IN U.S. ARM	MED FORCES? vor or dates of service)  16b. SOCIAL SECURITY		GRIERS ON	#13
	N	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	inf <b>e</b> rction erotic cardiovascu		APPRÖXIMATE INTERVAL BITWIFF OMST AND DEATH  I day  many years
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exomit	IG 21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (En	nter nature of injury in Part 1 ar Part 2,	Item 18.)
	ME	21d. INJURY OCCURRED While Not while at work 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D.		County State
		22a. I certify that (I) (b) saw the deceased a causes stated abave	ischespited) attended the decease live an Appil 26, e, (I) 1996) (did) (matsuut) view the	ed fram <u>App 17 17</u> , 19 9 <u>69</u> , and that in (my) <u>lows</u> c bady after death.	69 , ta <u>April 26 ,</u> 19 pinian death accurred on the d	1_69_, that (I) (1996) last ate and hour and fram the
-		22b. SIGNATURE Char	Couking	DEGREE PHYS.	22c.	DATE SIGNED ril 28, 1969
1		22d. PHYSICIAN'S NAME (Type) Charle	es W. Kinzer, M. D.	22e. ADDRESS  16 Murro	y Ave., Annapolis	Md. 21401
	23a	BURIAL, CREMATION, 23b. I	DATE 30 1969 GLEN	CEMETERY OR CREMATORY	GLEN BUT	(County) (State)
0	24.,	OHN M. Try	LOR-SON ANDRESS	POLIS MD DATEMA	by registrar 25b. registrar's Y 1 1969 FCLies	

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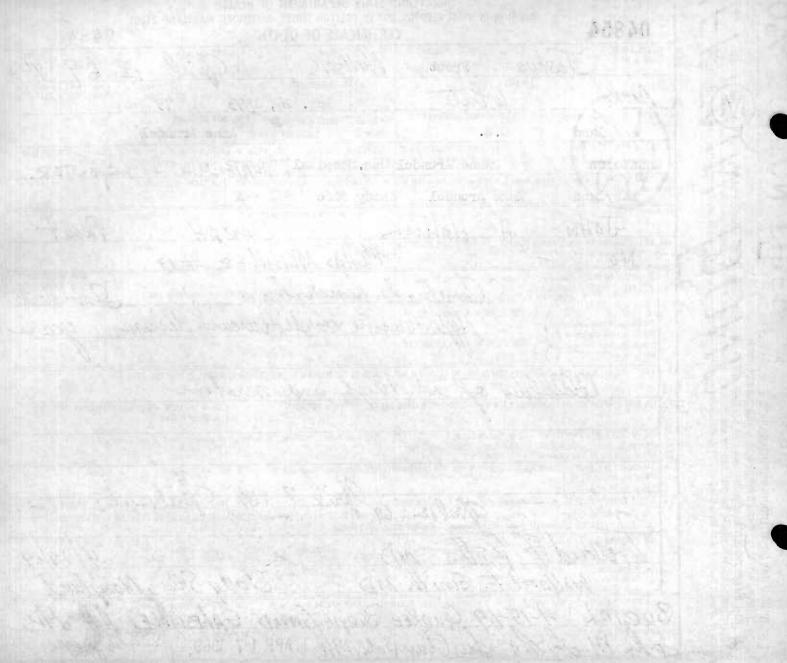
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04845 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle and 2 death. Lost death. 20. DATE OF DEATH 2b. HOUR funeral (Type or print) Month 10 Doy SARAH ANN GRIFFIN 8:40 PM aurs ofter executed within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) FEMALE DAYS HOURS WHITE 5 JUNE 1920 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED er WIDOWED [ DIVORCED [ Anne Amindel New York USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) imbrough Army Hosp during most of working life, even if retired.)
Housewife INDUSTRY Ft Geo G. Meade campletely None 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before crematian, ar remaval, and in any event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land 13b COUNTY Anne 527 Higgins Drive Arundel NOK Odenton 14. FATHER'S NAME First and Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost certificate be Charles E. Marshall. O'Halloran Anna please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Odenton, Md Yes, no, or unknown) (If yes give war or dates of service) Gerald Griffin, 527 Higgins Drive HAKKOWN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEAT OR ATTENDING PHYSICIAN: The law requires that the death PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CIPP hosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) VISCUS burial-transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priartal has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health p Yes certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH 4 may be retained by the haspital HOUR A.M. Month Doy Yeor (If either, notify medicol exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote TO FUNERAL DIRECTOR: After this While Not while of work at work 22a. I certify that (x) (this haspital) attended the deceased from Dec , 1968, ta 10Ab , 1969, that (x) (we) last saw the deceased alive an 10Ab , 1969, and that in (xx) (aur) apinian death accurred an the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated above, (did) state particles the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) eminguay 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION LOCATION (City or Town) (County) GIN NATIONAL VR A15 (4)

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100		MARYLAND STATE DEPARTMENT OF HEALTH
10	1.	04853  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  OFFICE OF DEATH
		04853 CERTIFICATE OF DEATH 04846
death.	funeral 1 and 2 er death.	1. DECEASED NAME (Type or print)  Per Secretary  And Doy Yeor  20. DATE OF DEATH  Doy Yeor  2b. HOUR
within 24 haurs after death	The fur	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In yeors le under 1 YEAR IF UNDER 24 HKS.)  1 A RACE  7 A RACE  7 A RACE  1 A RACE
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ithin 2	ly filled an pap within	10. CITY OR TOWN OF DEATH  AND APOLIS  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12b. KIND OF BUSINESS OR INDUSTRY STATE
uted w	ican and campletely filled in by the fu lease remove carban papers. Pages I and in any event within 11 hosts affer	130. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY A 13c STREET AND NUMBER 13b. COUNTY A 13c STREET AND NUMBER 13b. COUNTY A 13c STREET AND NUMBER 13c STREET AND NUMB
exe	any	14. FATHER'S NAME First Middle Lost 15. MOTHER MANDEN NAME First Middle Lost
pe	Se ri	J. HArry Gruver EdNA LAppe
tificate	physician remplease aval, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, orjunknown) (If yes give wor or dates of service)  218-12-3889  Mrs. FVANCES S. GYWYCY  Address  SAME AS  ## 13
The law requires that the death certificate be executed	al or attending physician. icate has been signed by the attending physicar use as the burial-transit permit. (Therrep Health priar ta burial, crematian, ar rengaval,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF
at th	y the unsit permati	Conditions, if ony, which gove isse to immediate cause (a), stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF
ires #	ysiciar ned b ial-fro ial, cr	lost. (c)
redu	ng ph en sigi te bur ta bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
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ATTENDING PHYSICIAN:	piral ar irtificate ed far u of Heal	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 P.M. 19
3 PHYS	by rne nospii fter this certi be detached State Dept. of	While Not while of work of work of work
ENDIN	<b>R:</b> After old be old be the Stat	22a. I certify that (I) (this hospital) attended the deceased fram / / , 19 , ta / , 19 , 19 , thot (I) (we) last saw the deceased alive on / 19 , ond that in (my) (our) apinion death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body ofter death.
OR ATT	IRECTO B 3 sho ed with	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED LA - 2 To STAFF PHYS.
PITAL	rage 4 may be retained by the hospiron of the certification, page 3 should be detached shauld be filed with the State Dept. of	220. PHYSICIANTS RAME (Type) Robert B. Halin 22e. ADDRESS - Box 73 Severino Barl
TO HOSPITAL	Fage 4 Fo FUN directo shaul	230. BURIAL, CREMATION, 23b. DATE April 7, 1969 LOUGEN PAYK CEMETRY BALTIMORE MALE.
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odm	Maryland	13b COUNTY Arundel	Shady Side YES	NO X	
14.	ATHER'S NAME First	Middle / Lost	15. MOTHER'S MAIDEN NAM	E First Middle	Lpst Lpst
	JOHN	H. Haphoe	K	DARAH	PROUT
16o.	WAS DECEASED EVER IN U.S. ARA es, no, Mr Unknown) { (If yes give w	MED FORCES?   16b. 50CIAL SECURIT	Y NO. MASS. INFORMANT	// Address	
-	100		" CHAS MEMI	WES # 13	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter on	ly one cause per line to (o), (b), and (	did Paralel		ETWEEN ONSET AND OFATH
	IMMEDIA	ATE CAUSE (o)	e nemo ora	ye	Sumediale
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	rise to immediate couse (a),	10/	wine carenog	Junear - Chinese	geare
	last.	(c)			
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ATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?		CONSIDERED IN CERTIFYING
RTIFIC			YES NO	CAUSES OF DEATH?	
			21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2	Item 18.)
EDICA	(If either, notify medical examin	ner) P.M.	19		
M	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
-5	at work of work		111.07	10 0/11/1	10
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230	REMOVAL (Specify)	1-15-10 NAME O	/- ( )	23d. FUCATION (City or Town)	(County) (Stote)
24	FUNERAL DIRECTOR	ATTORPORT		D RY REGISTRAR 25h REGISTRAD	S SIGNATURE
-	The M. tay	that Say (hu	wook My APF	17 1969 filian	les judges :
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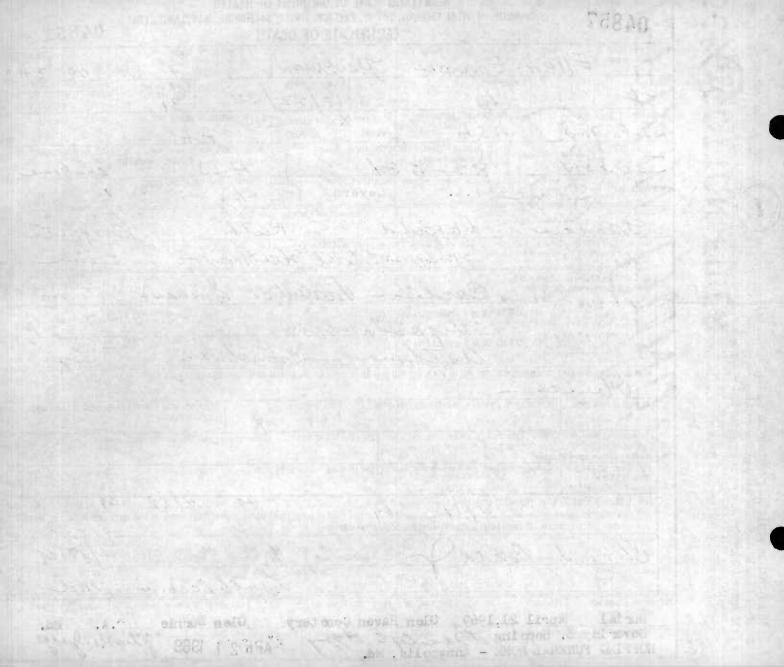
14		04855	DIVISION O	F VITAL RECORDS,	301 W. P	RESTON STREE	ET, BALTIMOR		YLAND 2120	)1 (	)484	9
er death. funeral I and 2 er death.		CEASED-NAME First Type or print) CHA	RLES	Middle		Lost HARP		DATE OF D	DEATH Month	6 <sup>Doy</sup> 6	59 <sup>Yeor</sup>	2b. HOUR A 3:50M
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within 24 ely filled ban pape within 77		Severy Glen Bu	urnie giv	NAME OF HOSPITAL OR IN: e street address)	North	Arundel	12a. USUAL OCC during mast of Mac	warking li	fe, even if retir	ed.)	NDUSTRY	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours etained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and Completely filled in by to should be detached far use as the burial-transit permit. Then please remave carban papers. Registe the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72-hours in the State Dept.	NC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONI	DUE TO, OR  (b) (c) (c)	AS A CONSEQUENCE OF	anne	custail  suy de  Carolin  O THE TERMINAL DI	In for				DETWEEN ONS	HIASO DINA TS
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PHYSICIAN e hospital nis certifica tached far	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	. Manth Day Year	9				or Town			Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar to burial, cre		220. I certify that (I) (this sow the deceased oli couses stated above, 22b. SIGNATURE  Surface  22d. PHYSICIAN'S	20	ttended the deceos  () (did not) view the  firm  o S. Linsa	DEGR	ATTENDING PHYS.  22e. ADDRES	MED. DIRECTO	or 🗆	STAFF PHYS.   nch Rd.	22c. DATE	SIGNED	
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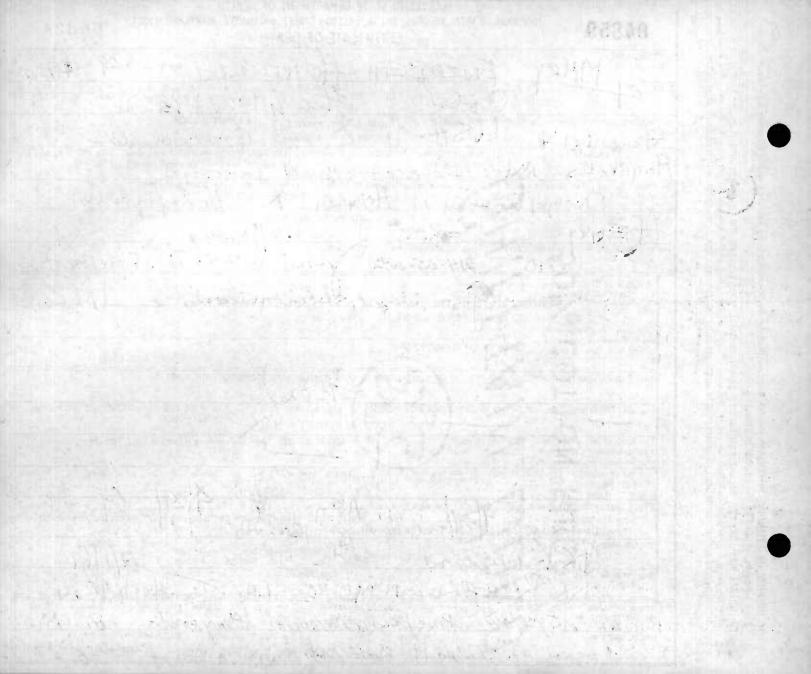
_ 1		N4856	IVISION OF VITAL RECORDS, 3	STATE DEPARTMENT 301 W. PRESTON STREI ERTIFICATE OF D	ET, BALTIMORE	, MARYLAND 21201	04850	
death.		ECEASED-NAME First Type or print) FREDER	Middle	HARRIS	2o. C	DATE OF DEATH	196 <b>9</b> or	2b. HOUP • 8:50 M
565	3. S	Male	4. RACE White	S. DATE OF BIRTH  June 2	9, 1900	6. AGE (In yeors last birthday)  8 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
n any event, within 72 hou	COU	ntry)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI		nty of DEATH ne Arundel		Md.
21	10.	CITY OR TOWN OF DEATH  Ft. Geo. G. Meade	11. NAME OF HOSPITAL OR INST give street oddress) U.S.Kimbrough		during most of w	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF BI	USINESS OR
02		mary ranu	lived, if institution: Residence before 13b. COUNTY Anne Arundel	Day	ES NO Z	13e. STREET AND NUMBER Route #2		
1	14.	FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDI		Middle		Lost
	14:	William WAS DECEASED EVER IN U.S. ARMED	Albinus Harr		Mildre			ite
	100	(es, no, or unknown) (If yes give war or 1918-	dates of service)	Dorothy B.	. Harris,	Route #2	dings of Bay	
	1	18. CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED B	one couse per line for (o), (b), ond (c).)				APPROXIMA BETWEEN ONS	TE INTERVAL ET ANO DEATH
ı, ar		IMMEDIATE	CAUSE (a) VEHICLEULAL A	Arrhythmia			1 Min	nute
burial, cremation, ar remaval,	10	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	Towns of d	hla		01	
burial, cremat		rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF	Carcinoma of	the paner	eas	3½ ye	ears
al, cr		stoting the underlying couse lost.	(r)					
5		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DI	ISEASE OR CONDITIO	N GIVEN IN PART 1(o)		
2	z		s mellitus			(-)		
X	CERTIFICATION	196. DATE OF OPERATION 196. COM	DITION FOR WHICH OPERATION WAS PERF	ORMED 200. AUTOPSY		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19		RED (Enter noture	of injury in Port 1 or Port 2, It	tem 18.)	
	W	While Not while of work	CE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			City or Town	County	Stote
the Stat		22a. I certify that (x) (this he saw the deceased alive causes stated abave, (1)	naspital) attended the deceased e an 10 April 19 (we) (did) (####################################	fram I April 69, and that in (2004) adv after death.	, 19 <u>69</u> , t (aur) apinian de	a <u>IO April</u> , 19_eath accurred an the dat	69 , that a	(we) last nd fram the
directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to		22b. SIGNATURE THE	mes Kaly	DEGREE ATTENDING PHYS.	MED. DIRECTOR		ATE SIGNED April	L969
ld be fill			KAHN, MAJOR,MC		S	ARMY HOSP, FT	MEADE, M	ID
	B	BURIAL, CREMATION, REMOVAL (Specify)	1-69 St. MAR	METERY OR CREMATORY	87	OCATION (City or Town), MARGARETS	(County)	(State)
15 (4)	24.	FUNERAL DIRECTOR Toulon	SERAL CHAPPERISS	A ROLIS OF	ATE PASS	PAR STATE OF SECULATION OF SECURITIES SECURIT	SIGNATURE	Rees

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	case and a found that	.1 .2) .
		80. (4) 10 1
		Alval Taanas

	MARTIAND STATE DEPARTMENT OF HEALTH
	04857 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 04851
£ 24	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
e e e e	(Type or point) Ellow Francisco Sharefully Month Doy Year
2 (312)	7 78 67 371. "
	3. DATE OF DIKTH  6. AGE IN YEGGS  FUNDER TAKE FORDER VALUE  1. AGE IN YEGGS  FUNDER TAKE FORDER VALUE  FORDER VAL
Page 1	7 3 YRS
by by hour	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in d in 72.1	HACO MA VISH WIDOWED DIVORCED AD
n 2	10. CITY DR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
campletely filled in by the fuce of the carbon papers. Pages, and y event, within 72 hours efferdenth	give street oddress) during most of working life, even if retired.) INDUSTRY
+	AUITA RI- O or A. O in Nome
amplete ve carb	odmissipned STATE  13b. COUNTY A . A .  13c. CITY OR TOWN  Severn  13d. INSIDE CITY LIMITS?  YES NO   13d. INSIDE CITY LIMITS?  YES NO   13d. INSIDE CITY LIMITS?
and cample remove co	
and rem	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle ( , Lost
- 9 -	Transas Wasseld Ruth Little
ertificate by physician of physician of physician of please flaval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address
th certificating physicaling physical p	Yes, no, or unknown) (If yes give wor or dates of service) 2/6-34-1231 Earl Hertman - 50cm
g pl	18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).)
ne death ce attending   permit. The	PART I. DEATH WAS CAUSED BY:
te deat attend permit.	IMMEDIATE CAUSE (0) Carde, - Vasandor Ducase 1 mo.
at aper	DUE TO, OR AS A CONSEQUENCE OF
t the sit p	Conditions, if only, which gove rise to immediate course (a). (b) Hey put ended
tha nn. by ran ren	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es sicic ed al-t	lost. (c) Cesthena Lymnellitis her
equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, ar	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physiciar e 3 shauld be detached far use as the burial-transit permit. Then pleas ed with the State Dept. af Health priar to burial, crematian, ar remayal, and	
e law retending as been as the priar to	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES ND CAUSES OF DEATH?  21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c. HOW INITIRY OCCUPRED. (Extended to the initial in part 2 of the initial initia
ds as	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: The all or att icate ha far use Health g	YES ND CAUSES OF DEATH?
ar ar dec	
a de fille de la company de la	OR CONTRIBUTING CAUSE OF DEATH    HOUR A.M.   Month Doy Year   Or Contributing Cause of Death   HOUR A.M.   Month Doy Year   Or Contributing Cause of Death   HOUR A.M.   Month Doy Year   19
HYS ce che che	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
DING PHYSIC by the haspii (fter this certii be detached State Dept. af	While Not while of work of work of work
OR ATTENDING De retained by the IRECTOR: After the 3 shauld be de	22a. I certify that (I) (this haspital) attended the deceased fram 1940, to 4/17, 1967, that (I) (we) last
Affin Strain	saw the deceased glive an 4/1/2 and that in (my) (our) apinion death accurred on the data and hour and from the
A ATTENI retained retained retained retained 3 should with the	causes stated abave, (I) (we) (did) (did nat) view the bady after death.
A P S S S S S S S S S S S S S S S S S S	22b. SIGNATURE 22c. DATE SIGNED
OR Berger	Clear. L. Sall DEGREE PHYS. DIRECTOR DI
AI DO	22d. PHYSICIAN'S 22e. ADDRESS 2
RA mo	NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending FO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar to	230. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Page Page Page Page Page Page Page Page	REMOVAL (Specify) (Signify)
5-5-10	Burial April 21,1969 Glen Haven Cemetery Glen Burnie A.A. Md.
VR A15 14	24. FUNDOVER TO E. Hopping ADDRESS 250. REC'D BY REGISTRAR 250. REC'D BY REC'D BY REGISTRAR 250. REC'D BY RE
45M - 1760	HOPPING FUNERAL HOME - Annapolis, Md. DATE APR 2 1 1969 Thanks



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04853 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN X Manth Year (Type or Print) ESTI-FRANK TRELAND PM3. Page M. DEATH MATED 19 any delay 2, and 3 IF UNDER 24 HRS 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy 6 Year 1969 white 20 YRS male 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED the certificate, writing the ward "pending" in pencil in them 18 Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Give Pages 1, Anne Arundel WIDOWED [ DIVORCED the State 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mospot working life, even if retired.) give street address undel General Hosp. Annapolis 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Anne Arundel Edgewater YES NOX Rte 3, Box 308, Edgewater land 2 after Middle 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle 05 pages haurs 17. INFORMANT be executed within File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot Wound of abdomen complicated by IMMEDIATE CAUSE (a) event purulent peritonitis burial-transit Conditions, if any, which gave rise ta immediate cause (a). any certificate shauld DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, used CERTIFICATION 20. AUTOPSY? partial 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? This YES T NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year HOUR AM 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) cremation, or 3 shauld MEDICAL PRIMARY X OR CONTRIBUTING EXAMINER: 4/9/ 19 69 Subj. shot in abdomen CAUSE OF DEATH 8:00.M 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK Edgewater, Anne Arundel, Md. street please execute Partial burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy X Inspection Inquiry ond in my opinion funeral director. deoth resulted from: Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER priar 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4/28/69 DEPUTY MEDICAL EXAMINER U. Spitz Werner **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 50 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sh 1969

DASSED

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04855 CERTIFICATE OF DEATH in by the funeral arrs. Pages and 2 haur after death. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR be-executed within 24 haurs after death. (Type or print) April Thomas Kimm 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. last birthdoy) HOURS Male 17 October 53 YRS. Caucasion 1915 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED K NEVER MARRIED remove carban papers. and lampletely filled in country) DIVORCED and in any event, within 72 USA WIDOWED | Anne Arundel Iowa 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)

Kimbrough Army Hospital during most of working life, even if retired.)
Military Translater INDUSTRY Ft. Meade US Army 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY YES 498 King Malcolm Ave Anne Arundel Odenton 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Silas Kimm Leota Taubman attending physician permit. Then please requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) burial, crematian, ar remaval, Christine Kimm 498 King Malcolm Ave 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. Probable Myocardial Infarct Instant IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave Carcinoma of Prostate rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept. af Health priar tall 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 KKON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that XX (this hospital) attended the deceased from DOA \$ Apr. 1969, ta DOA 7 Apr. 1969, that (I) (we) last saw the deceased alive an DOA 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (wex(did) (this not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE 8 April 1969 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Howell. Kimbrough Army Hospital Mai. Ft. Meade 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Bur 121 Arlington National Cem. Arlington Virgin: 2Beween lesson. Hopping 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) 30M REV. 1/68 HOPPING FUNERAL HOME Annapolis, Md

MARYLAND STATE DEPARTMENT OF HEALTH

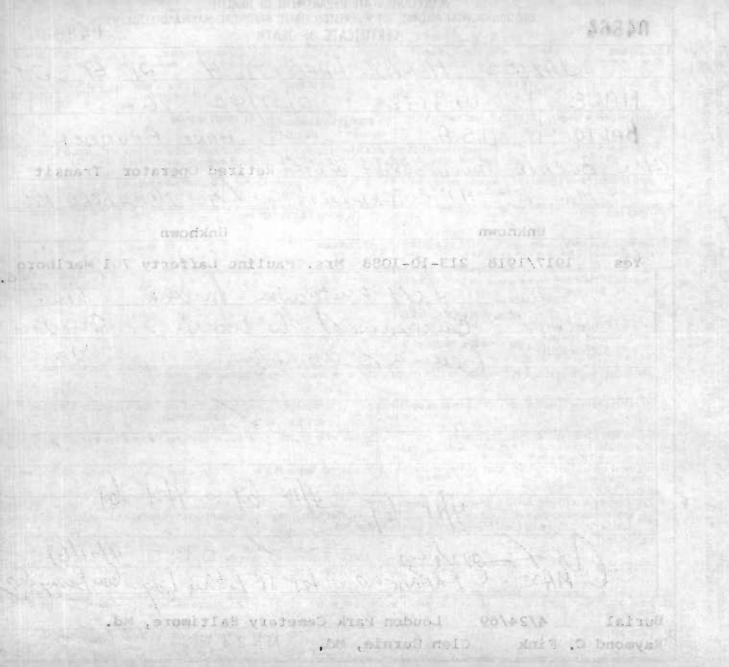
1			D STATE DEPARTMENT OF			
П	04862		301 W. PRESTON STREET, BAL		21201	
-			CERTIFICATE OF DEATH		04856	
11.	DECEASED-NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH Month	Day 20 Year	2b. HOUR A
	Mary Mary	Rose	KNACKSTEDT	APLII	27, 1969	4:10M
3.	FEMPLE	4. RACE WHITE	S. DATE OF BIRTH	18 79 6. AGE (In	MONTHS OAYS	1F UNDER 24 HRS. HOURS MIN
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	YRS.	
	untry	U.S.A.	WIDOWED DIVORCED		del County	Md
10.	CITY OR TOWN OF DEATH PANAPOLIS	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a. US during)	HAL OCCUPATION (Kind of w		USINESS OR
13d adi		ed lived if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY			
14.	FATHER'S NAME First	Middle Last Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Last
16	a. WAS DECEASED EVER IN U.S. ARM		NO. 17. INFORMANT	L V 2	Address	
	Yes, no a uningwn) (If yes give we	ar or dates of service)	CHARLES	KNACKS	TEDT	
	18. CAUSE OF DEATH (Enter anl	y ane cause per line far (o), (b), and (c).			APPROXIM/ BETWEEN ON	ATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) OA.		ALC: NO		ALT PARO GEATT
	4122	DUE TO, OR AS A CONSEQUENCE OF	Δ			
	Conditions, if ony, which gave rise to immediate couse (a),	(b) Hapute	min AC	VV	The	an.
	stating the underlying couse	DUE TO, OR AS \$20 NSEQUENCE OF			0	
	DADT 2 OTHER SIGNIFICANT CON	(c)	OT DELATED TO THE TERMINAL DISEASE OF	CONDITION OF THE PART 1	/ )	
		DITIONS CONTRIBUTING TO DEATH BUT NO	OF KETATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I	(0)	
TION	19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. 1F YES. WERE	FINDINGS CONSIDERED IN CER	RTIFYING
CERTIFICATION			YES NO	CAUSES OF DEATHS		
			21c. HOW INJURY OCCURRED (Ent		ar Part 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. Manth Day Year				
ME	21d. INJURY OCCURRED 21e. I While Nat while at wark at work		TORY,) 21f. LOCATION Street or R.F.D. N	lo. City or Tawn	County	State
	22g. I certify that (I) (this	s haspital) attended the decease	ed fram / 19_	53, to	, 19, that (	(I) (we) last
	saw the deceased all	ive anl ,(I) (we) (did nat) view the l	967, and that in (my) (aur) of	pinion death accurred a	in the date and haur a	nd fram the
	22b. SIGNATURE	, (1) (mp) (ala) (ala har) view the l	oddy difer death.		22c. DATE SIGNED	
	Janh m	Shihles	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	7 4.29.6	9
	22d. PHYSICIANS	C/11/01 E	22e. ADBRESS	, 0 -	0 -1	1
00	Comme (type)	) It IFLE	/ um	rapoles	1 may	
230	BENOVAL SPERV) 23b. D	R 30, 1969 CEDA	R BLUFF	AUN APC	OLIS (County)	(State)
24.	FUNERAL DIRECTOR	ADDRESS	250 A 60 250 MAY	BY REGISTRAS 25b. 25b.	EGISTRAR'S SIGNATURE	
V	OHN IVI, TAY	COK. JONS PANNA	TOUS /UD DATE	1 .000	00	

29999 T. Times A DATE OF THE PROPERTY OF THE PARTY OF THE P

-1	1	MARYLAND STATE DEPARTMENT OF HEALTH  OZ Q C DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04857
HEALTH DEPT.		DECEASED-NAME / First Middle Lost 20. DATE KNOWN Month D	Day Yeor 2b. HOUR
g de to si		Type or Print) Joseph. E. Ko:en/9, St- DEATH MATED 42	9 69 01
ny delay is 2, and 3 to PM3. Page	3. S	ast hythday) MONTHS DAYS HOURS MIN	Year 2d. HOUR
PM3. Po	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	189 P N
De m - B	cour		Ce M
Give Pages org with far th the State	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 17	2b. KIND OF BUSINESS OR
the go we	12	TED CHEN C DOR - NORTH MRONGEL MAINT - Eng. (FET.)	Not 1. Plastic
		demicrion) STATE :	nald Ave.
24 haurs a in Item 18. r's Office al	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 h in It r's C r's C		George Koening Anna Hoffmi	an
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pagshauld be farwarded to the Chief Medical Examiner's Office along With files.  3 shauld be used as a burial-transit permit. File pages land 2 With the Station, ar removal, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war or dotes of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT  17. INFORMANT  18. Kenig (wife)	Same As # 13
red v al Ex		18. CAUSE OF DEATH (Enter only one couse per line Toy (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BEDWEEN ONSET AND DEATH
e executed pending" is ef Medical isit permit.		IMMEDIATE CAUSE (o)	The o
pen ief N ie		Conditions, if dny, which gave (b)	- X
ord e Ch e Ch		rise to immediate couse (o), (D) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per to the Chief I burial-transit		(c)	
This certificate shauld be executed wil ficate, writing the ward "pending" in pe be farwarded to the Chief Medical Exard be used as a burial-transit permit. File ar removal, and in any event within 72	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
this certing ate, writh the farwal be used to remova	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
This cate, be for ref	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES NO
MINER: This the certificate, 4 shauld be four files. e 3 shauld be to employ a contract of the	MEDICAL C	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	1 10.)
	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Tawn	County State
XA the ge age you	10	AT WDRK AT WDRK	
AL For Paris		22a. I certify that I took tharge af the remains described abave, held an Autapsy, Inspection, Inquiry,	and in my apiniar
ase recto sined REC to b		death resulted raps: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	
> . D . = -		SIGNATURE FULLIANT MEDICAL EXAMINER 22b. DATE ST	GNED // 9
DEPUTY Scessary, p e funeral may be r FUNERAL salth prid		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	9/6/
ro DEPUTY necessary, if the funeral 5 may be r 0 FUNERAL Health print	22-	NAME (Type)  ADDRESS(Street, city, town, or county)  BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Company)	ACO.
5	230	REMODAL (Specify) May 2,1969 Glen Haven Mem Park Glen Burnie	County) (State)
ak	24	SUNERAL DIRECTOR A PODRESS 14 250 REC'D BY REGISTRAR 256. REGISTRAR'S STO	
VR A15MB (5)	V	V. dingliton Glan Burnie, M. JOAMAY 1 1969 Williamle	of Judge

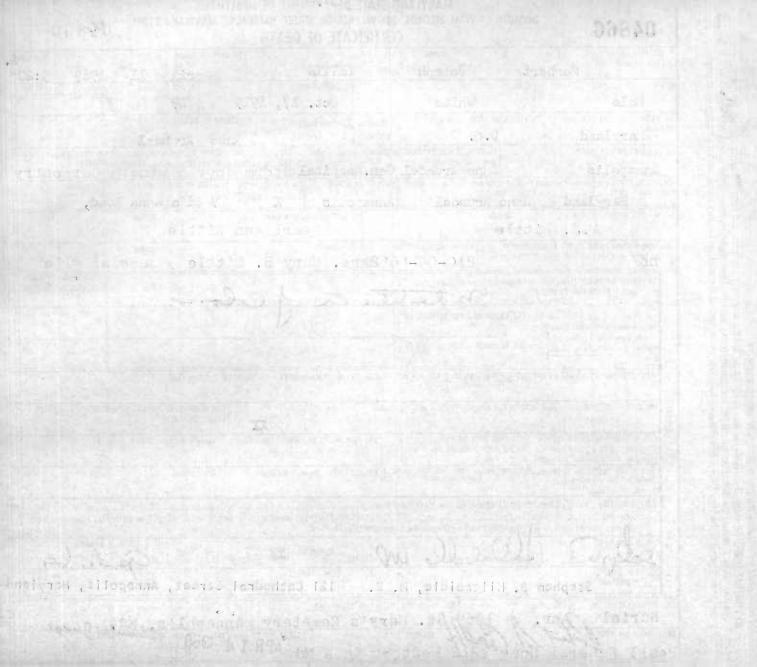
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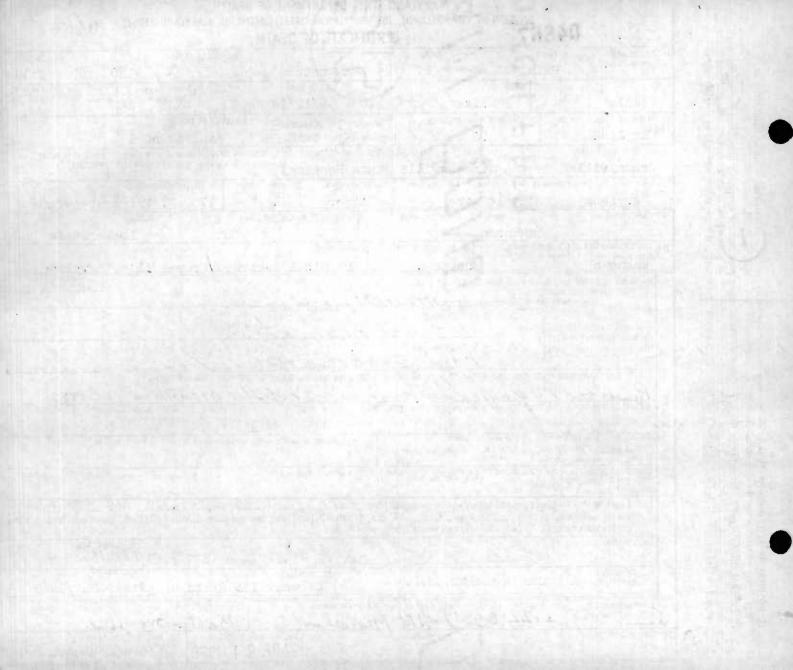
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04864 04858 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR 69ear executed within 24 hours after deoth (Type or print) Month 1 Day 4. RACE 3. SFX S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely filled in by the last birthgay) MONTHS DAYS HOURS 62 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH physician and completely filled in len please remove corbon popers. WIDOWED [ DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR UND Suring most of working life, even if retired.)
UTER Retired Operator INDUSTRY NTER Transit and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence befare 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO IZ 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle pe Unknown Unkhown requires that the deoth certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) 1917/1918 cremation, or removal, 213-10-1088 Pauline Lafferty 701 Marlboro Mrs attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ! rise ta immediate cause (o). be retained by the hospital or attending physician. stating the underlying cause: DUE TO, OR AS A CONSEQUENCE last. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) be detoched for use os the State Dept. of Health prior to hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO P TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City or Tawn Stote County While Nat while 22a. I certify that (1) (this haspital) attended the deceased from , and that ih (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive an\_ should director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS. PHYS TO HOSPITAL (Poge 4 moy b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial 4/24/69 Loudon Park Cemetery Baltimore, Md 24. FUNERAL DIRECTOR 263 RAN 969 25b. Glen Burnie, Md. Raymond C. Fink 45M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04865 04859 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Yeor 2b. HOUR (Type or Print) ESTI-Poge 10 LATSON 19 CLEMENTINE DEATH MATED X 30 3. SEX 4. RACE IF UNDER 24 HRS. 5. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 3.198 gud Year 12/9/38 1969 female. 30 YRS negro 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Office olong with form WIDOWED [ DIVORCED X USA S.C. Anne Arundel County Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
NUTSES AID Nursing lond 2 with the Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odnives halfeton. DC 13b. COUNTY Dalafield Place NE in Item 18. YES NO X 1248 ofter 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle First Last Governor Latson Hattie Giles 24 hours 4 should be forworded to the Chief Medical Examiner's within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, ar unknawn) (If yes give wor or dates of service) Woodrow Latson (Same as decedent) within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carbon Monoxide Poisoning IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit certificate should be Conditions, if on , which gave rise to immediate cause (a). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Smoke and 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INTURY Manth, Day, Year HOUR AM 3 should PRIMARY X OR CONTRIBUTING soot inhalation in burning automobile followcremation, CAUSE OF DEATH ing collision 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, form, street, City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK Rte. 50 Anne Arundel, Md. buriol 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry ond in my opinion funeral director. deoth resulted from: Natural couses Accident X Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4/8/69 Werner U. Spitz, DEPUTY MEDICAL EXAMINER Health NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 12/69 BEMOVAL (Becify) Harmony Landover, Md. 24. FUNERAL DIRECTOR Fraziers Funeral Home, Washington, D. C. VR A15ME (5) DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04866 04860 CERTIFICATE OF DEATH 2b. HOURA DECEASED-NAME First Middle Last and 2 death. 20. DATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and (Type or print) Norbert LITTIE Joseph 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS HOURS Male White Oct. 17, 1919 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S. WIDOWED | DIVORCED | Anne Arundel domprerely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) Storm door & wind. give street oddress) remave carbon INDUSTRY Annapolis Anne Arundel Gen. Hospital Carpentry 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before event 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland Anne Arundel Silapanna Road Annapolis crematian, ar removal, and in any 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle and Last A.J. Little Pearl Ann Little please physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) 210-09-0652Mrs. Mary B. Little Same as attending present. The APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached tar use as the shauld be filed with the State Dept. af Health priar ta CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO XX YES 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from... sow the deceased alive on\_\_\_\_\_ , and that in (my) (our) opinion death occurred on the date and hour and from the \_\_19 couses stated obove, (1) (we) (did) (did not) view the body ofter death. **ATTENDING** MED. DIRECTOR STAFF PHYS 22d. PHYSICIAN'S 22e. ADDRESS 121 Cathedral Street, Annapolis, Maryland Stephen B. Hiltabidle, M. D. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOYAH (Specify) West St Anna Modare APR 14 196925b. Washington St. 9699 Annapolis .. Md 24. FUNERAL DIRECTOR VR A15 Home Funera



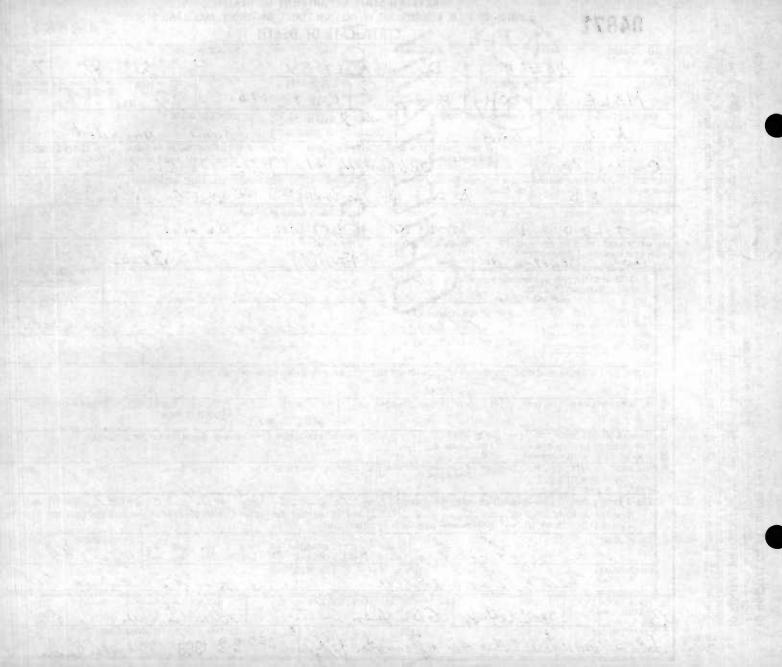


	1000m Items	marti DIVISION OF VITAL RECORD #13c&e, FilmG412	CERTIFIE	AIMOF	DEATH		0633	7
1	DECEASED-NAME First (Type or print)	Middle		Last	20	DATE OF DEATH	Year_	2b. HOUR
1	Antho	ny 4. RACE	Lucha	savich				12:05
3.				S. DATE OF BI		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7.	Male	White		-	nown	last birthday) 84 ? YRS.		
	BIRTHPLACE (Stote or foreign untry)	7b. CITIZEN OF WHAT COUNTRY?		OWEVER MAR		OUNTY OF DEATH		
10	UNKNOWN CITY OR TOWN OF DEATH	US		Jyb-DIVO		nne Arundel		M
	Crownsville	11. NAME OF HOSPITAL OR give street address)  Crownsvi	lle Stat	e Hosp	during most of	CUPATION (Kind af wark dane warking life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13c	a. USUAL RESIDENCE (Where deceos mission) STATE	sed lived, if institution: Residence before 13by COUNTY////	20170		13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER	2	1201
	Maryland Maryland	Junknown	woki	NOWN/	YES NO	uhkh6wh 827		
14.	FATHER'S NAME First	Middle Last	1	S. MOTHER'S MA	AIDEN NAME First	Middle		Lost
		nown	3.33		unknow	m .		
16	a. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknawn) (If yes give w	AED FORCES? 16b. SOCIAL SECURI	TY NO. 17.	INFORMANT		Address		
	unknown	unknow	I	lospita	1 Records	c. Crownsville	Mary1ar	10
	18. CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), and	(c).)				APPROXI	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a) <u>Bronchopne</u>	eumonia					THE PERMIT
	4124	DUE TO, OR AS A CONSEQUENCE						
	Canditions, if any, which gave)	(b) Arterios	lerotic	cardi	o vascula	ar disease		
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE						
	last.	(c)						
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED T	THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
2								
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTO	PSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
TIFE				YES	NO 🔲	CAUSES OF DEATH?		
			21c. H	OW INJURY OCC	URRED (Enter natu	re of injury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		or 19					
- ME	21d. INJURY OCCURRED While Nat while at work of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		CATION Stree	t ar R.F.D. No.	City ar Tawn	County	State
	22o. I certify that (I) (th	is hospitol) ottended the dece	sed from	2/21			69 that	(I) (we) los
	sow the deceosed o	live on 4/21 ;,(I) (we),(did) (did not) view th	_19_69, on	d that in (m		deoth occurred on the d	ote ond hour	ond from th
		, (I) (we) (did) (did not) view th	e body ofter	deoth.				
	22b. SIGNATURE	11/1/11/11	11AD	ATTENDIN	G MED.	STAFF 22c.	DATE SIGNED 2/69	
	Marco	, my	EGF	EE PHYS.	☐ DIRECTO	OR STAFF PHYS. 4/2	2/09	
	22d. PHYSICIAN'S NAME (Type) Charl	es R. Venter, M.	).	Crow	nsville S	State Hospital	. Marvla	and
02						•	,	
230	REMOVAL Specify) 23b.	TATE 169 83C. NAMED	OF CEMETERY OR	CREMATOR C	23d.	LOCATION (City ar Town)	(County)	(State)
24.	FUNERAL DIRECTOR	ADDRE	SS		2Sq. REC'D BY REG	Solumers ISTRAR 25b. REGISTRAR'S	SIGNATURE	1 11 100
		100			2So. REC'D BY REG	2 1969	West of the	-

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04869 CERTIFICATE OF DEATH 04862 1. DECEASED-NAME Middle Last 20 DATE OF DEATH 2b. HOUR tuneral 1 and 2 er death. requires that the death certificate be executed within 24 haurs after death (Type or print) Month E, AloNZO ON April 1969 Pages 1 curs after c 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) filled in by me papers. Page male cauc. Mar. 25. 1875 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Kentucky USA within 72 WIDOWED X DIVORCED | Anne Arundel Co. kian apel campletely filled lease remave carban pape 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Annapolis Annapolis Nur sing Home
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Con tractor ret. construction odmission) STATE Maryland 13b. COUNTY Arundel YES NO T 1831 Lindamoor Drive Annapodia and in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Last physician and Coba Lyon Phoebe Jame 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 640 Ameriana Drive [If yes give war or dates of service] Yes, na, ar unknown) or remaval, unknown James L Anna pelis, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health prior ta 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from CCT, 1962, to SAPRIL, 1969, that (II) (we) lost sow the deceased alive on 3-19-1969, and that in my (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stoted obove (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (State) (County) Removal Specify) Ashland Cemetery Ashland Kentucky 2Sq. REC'D BY REGISTRAR 9 191 2Sb. REGISTRAR'S SIGNATUR BEWENDY E. Hopping VR A15 (4) 30M REV. 1/68 ochones 1969 HOPPING FUNERAL HOME -Annapolis

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		02000	DIVISION OF V				RE, MARYLAND 21201	~ * * * * *	24
		04870			ERTIFICATE OF	DEATH		0486	3
		ECEASED-NAME (Type or print)	hert	Middle	Maddi	2a.	DATE OF DEATH  Month 24 Day	1969	2b. HOUR 715PM
	3. s	M	4. RACE	W	5. DATE OF B		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a.	BIRTHPLACE (State or foreign ntry)  Maryland	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED X NEVER MAI	KKIEU	unty of DEATH ne Arunde1		
)		CITY OR TOWN OF DEATH	11. NAMI	E OF HOSPITAL OR INS	Convalescent	12a. USUAL OCC	UPATION (Kind of wark dane warking life even if retired.)  Operator	12b. KIND OF B	USINESS OR n Corp.
0	13o. adm	USUAL RESIDENCE (Where deceasission) STATE Maryland		Residence befare	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 1034 Wilmingt		
	14.	FATHER'S NAME First  John	Middle Madden	Lost		AIDEN NAME First  Unknown	) Middle		Last
		WAS DECEASED EVER IN U.S. ARA (es, na, ar unknown) (If yes give w	or or dates of service)	66. SOCIAL SECURITY N 216-01-64		ry L. Mad	Address den 1034 Wilmi	ngton A	21223 ve.
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)  436 Canditions, if any, which gave rise to immediate couse (a),	DUE TO, OR AS A	a consequence of	centrica a Varant	ulan ja	failure	APPROXIMA BETYLEN ON: We	ATE INTERVAL SET AND DEATH
		stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COM-	(c)	G TO DEATH BUT NO	T RELATED TO THE TERMINA	Outui	ON GIVEN IN PART I(O)	yea	an.
	CERTIFICATION		CONDITION FOR WHICH			DPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CER	RTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT  (If either, notify medical exomin	HOUR A.M. I er) P.M.	Manth Day Yeor 19		CURRED (Enter noture	e of injury in Port I or Port 2, I	tem 18.)	
	W	While Not while at work		HOME, FARM, STREET, FACT FICE BUILDING, ETC.	11/11/	et or R.F.D. No.	City ar Town	County	State
		22a. I certify that (I) (thi saw the deceased of causes stated above	ive an	19	and that in (m	) (our) opinion	ta	te and hour a	(I) (we) last nd fram the
1		22b. SIGNATURE	450	entes	DEGREE ATTENDI	DIRECTO	STAFF - 2	ATE SIGNED	
	230	NAME (Type) MA)  BURIAL, CREMATION, 23b. (	ATE.	1-1CAN K	EMETERY OR CREMATORY	usc-14	LOCATION (City or Town)	6 bufu	W pu
		DESIGNATION OF A	28-69		ridge Cemete		orsey Rd. He	((county)	Mary 1an
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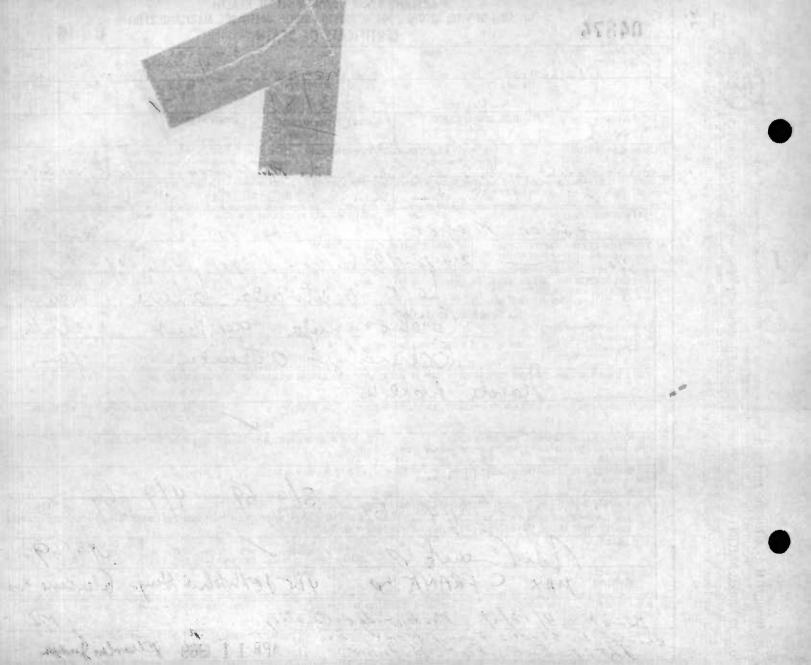
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2 100			ND STATE DEPARTMENT OF		
18	04874	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		04867
Scoth. eral ond 2 death.	1. DECEASED-NAME First (Type or print)	Middle	lost	20. DATE OF DEATH	, 2b. HOUR
after of the control	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hours a ged in by Hopers. Pagers. Pagers of 72 haurs o	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
filled in poper thin 72	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	WIDOWED DIVORCED 120. US	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
physician and completely filled en please remove corbon pope oval, and in any event, within 72	13o. USUAL RESIDENCE (Where deceaded	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	The state of the s	City of Baltinay
execut emove any ev	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	NO 14 51 Boyle First Middle	Lost
rie be exercian ond a ease remo		ph Meyer MED FORCES? 166: SOCIAL SECURITY	17. INFORMANT 2249.	4372 Address	Ldupe
eoth certificat	No	war or dates of service) $2/4-18-1$	1873 William M	Deyer, 1451 Bo	APPROXIMATE INTERVAL
ot the deoth cer the attending p nsit permit. The mation, or remo	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	I continal	la failure	BETWEEN ONSET AND GEATH
thot the dion. by the attransit perr	Conditions, if ony, which gave rise to immediate couse (a),	(0)	l'orareula	accident	Months
low requires that the death anding physicion. been signed by the attendins the burial-transit permit. iar to burial, cremation, or re	stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O	unalyst at	tevalei	year.
w requing phing ph		Notices contributing to death but	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	V
The low re ottending hos been sise os the lift priar to k	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY? YES NO [	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
L OR ATTENDING PHYSICIAN: The be retained by the hospitol or of DIRECTOR: After this certificate hage 3 should be detached for use led with the State Dept. of Health	210. ACCIDENT WAS UNDERLYII  The contributing cause of dea  (If either, notify medical examination of the contribution of the	TH HOUR A.M. Month Doy Yeo	21c. HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Port 2,	Item 18.)
PHYSI ne hosp this cer etochec Dept. c	21d. INJURY OCCURRED 21e While Not while of work		ACTORY.) 21f. LOCATION Street or R.F.D. I	Na. City or Town	County Stote
ADING d by th After 1 d be dd e State	22a. I certify that (I) (the saw the deceased of	is hospital) attended the decear	19 Of and that in (my) (our) o	pinion death occurred on the do	that (I) (we) last
ATTER retaine ECTOR: should with th	causes stoted abov	e, (I) (we) (did) (did /at) view the	body after death.	22c.	DATE SIGNED / / 6
AL OR oy be oy be googe 3 filed v	22d. PHYSICIAN'S	w out 4	DEGREE ATTENDING PHYS.	MED. STAFF PHYS.	4/9/69
Page 4 may be retained by the hospital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept.	NAME (Type)  23a. BURIAL, CREMATION, 23b.	DAJE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)  24. FUNERAL DIRECTOR  25.	12/69 Medo	wridge Cenetery	BY REGISTRAR 2Sb. REGISTRAR'S	ME.
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		MARYLAND STATE DEPARTMENT OF HEALTH	0.1.0.0.0
76		04876 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04869
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
EALTH DEPT.	1. D	PECEASED-NAME First Middle Lost 20. DATE KNOWN Month Type or Print)  OF ESTI-	Doy Year 2b. HOUR
is to to	1	Type of Print) allian S. Moore DEATH MATED 4	19 69 PM
3 8 E	3. S	EX 4. RACE S, DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 hrs 2c, DATE PRONOUNCED DEAD	2d. HOUR
e ge		4 W DEC 23 1913 33 YRS. MONTHS DAYS HOURS MIN. Month 4 Day	9 Year 69 1
Da de la	7a.	BIRTHPLACE (Stote or foreign ) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	M
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ges ges rate	10 (	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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24 haurs after death in Item 18. Give Pages 1, rs Office along with farm es Tond 2 with the State Dears after death.	120	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	GAS & ELECTRIC
s after 18. Gi along 2 with death.		desiring STATE	mal. 1/E
d2		IF I CO GLEN DURNIE III JUSTICIA	70 WO .
haur Item Office after	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 ncil in niner s pages haurs		(95 DO OF HINKBOWN) (If was give west of detect of separe)	WIFE)
d within in pencil Examinel		NO NONE 215-10-6890 MRS GENEVIEVE M. MOOKE	SAME AS #13
ed in it	16	18. CAUSE OF DEATH (Enter only one cause per line for the (b), and (c).)	APPROXIDATE INTERVAL BETWEEN ONSET AND DEATH
e execute pending" ef Medica ssit permit		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Caulius Cleans  /	
Me Me		4299 DUE TO, OR AS A CONSEQUENCE OF	The same of the sa
be ipe ief insit		Conditions, if only, which gave	
or Ch		rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate should be executed g the ward "pending" in set the Chief Medical E a burial-transit permit. F and in any event within		last.	
e s the ta		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate should be executed within 24 ha e certificate, writing the ward "pending" in pencil in Iter should be farwarded ta the Chief Medical Examiner's Off files.  3 shauld be used as a burial-transit permit. File pages I are interested in any event within 72 haurs after		The second of th	
INER: This certificate e certificate, writing should be farwarded files. 3 shauld be used as nation, ar removal, a	TION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fary fary	MEDICAL CERTIFICATION	WAS PERFORMED?	YES I NO
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rriffi uld suld n, o	CAL	PRIMARY OR CONTRIBUTING HOUR A.M.	Helli Ib.)
NER shoul files. 3 sha atian	VEDI	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	C
XAMINER: ite the certified to should your files. Page 3 shau cremation,	<	WHILE NOT WHILE foctory, affice building, etc.)	County Stote
		AT WORK AT WORK	- /
ICAL E executor. Page for CTOR: burial,		22a. I certify that Laok charge of the remains described above, held an Autopsy 🔲, Inspection 🔼, Inquiry [	and in my apinian
SIC.	11	death resulted from: Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manne	r 🗌
please I direct retaine DIREC		CHIEF MEDICAL EXAMINER	
JITY DICA ry, please e eral director be retained RAL DIRECT		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DAT	E SIGNED
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o DEPUTY necessary, the funera 5 may be 0 FUNERA!		NAME (Type) L. LINDAROT. ADDRESS (Street, city, tawn, ar county)	AMCd.
TO DEPUTY DIGGES necessary, please the funeral directions 5 may be retained Health priar to b Health priar to b	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	3	BURIAL APRIL 22 1969 GLEN HAVEN MEM. PARK GLEN BUIL	enie ma
0.0	24.	FUNERAL DIRECTOR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR	S SIGNATURE
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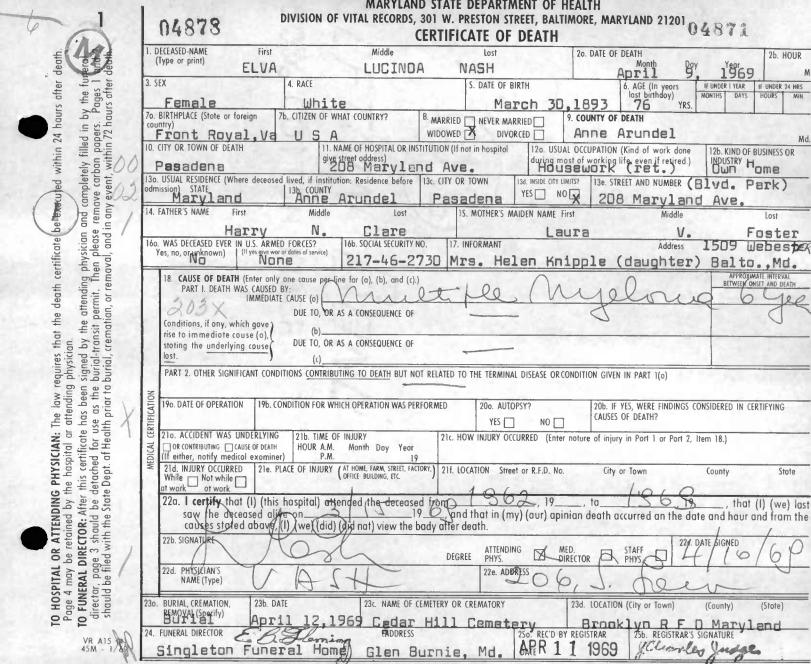
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TOD STATE	7/1/69 kk DIVISION OF VITAL RECORDS, 301 W. PE	DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE, MARYLAND 21201	167848
FOR STATE HEALTH DEPT.	1. DECEASED-NAME First Middle (Type or Print) THOMAS	Lost DEATH  Lost OF DEATH  MURDOCK  20. DATE KNOWN Month OF ESTI- A 2/	
2, and 3 to PM3. Page epartment		(In years if UNDER 1 YEAR IF UNDER 24 HRS. MIN MONTHS DAYS HOURS MIN April 22,	Yeor 1969 2d. HOUR 114 OC
r death Sny ve Pages 1, 2, og with farm PN the State Depart	70. BIRTHPLACE (Stote or foreign country)  10. CITY OR TOWN OF DEATH  Queenstown  7b. CITIZEN OF WHAT COUNTRY?  11. NAME OF HOSPITAL OR INS give street address Road	WIDOWED DIVORCED Anne Arundel  TITUTION (If not in hospitol 12a. USUAL OCCUPATION (Kind of work done)	Md 12b. KIND OF BUSINESS OR INDUSTRY
d within 24 hours after death in pencil in Item 18. Give Pages 1, Examiner's Office alang with farm. File pages Land 2 with the State De in 72 hours after death.	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. CQUNTY Maryland 13b. CQUNTY Anne Arunde1  14. FATHER'S NAME First Middle Lost		Lost
r's r's	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	D. 17. INFORMANT ADDRESS	
should be execute e ward "pending" o the Chief Medical urial-transit permit in any event withi	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	sive Cardiovascular Disease  RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
This cicate, be far	196. DATE OF OPERATION 196. CONDITION FOR WE WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year	11CH OPERATION  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, It	20. AUTOPSY?  YES X NO  em 18.)
DEPUTY DICAL EXAMINER: cessary, please execute the certifie funeral directar. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 shault prior to burial, crematian,	PRIMARY OR CONTRIBUTING HOUR A.M. 19  21d. INJURY OCCURRED WHILE AT WORK AT WORK OF THE TOCKY, office building, etc.)  22a. I certify that I taak charge af the remains described death resulted fram: Natural causes Accident  ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.	21f. LOCATION Street or R.F.D. No. City or Town  d abave, held an PAutapsy X, Inspection , Inquiry ,  , Suicide , Hamicide , Undetermined manner  CHIEF MEDICAL EXAMINER  22b. DATE  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)	County State  and in my apinian  signed 4/22/69
0 € € 5 0 ₹ VR A15ME (5) 10M REV. 1/68	230. BURIAL (CREMATION,) REMOVAR (Specify)  24. FUNERAL DIRECTOR  23b. DATE 23c. NAME OF CL 23	EMETERY DR CREMATORY  Solve Color of Town (City or Town)  23d. LDCATION (City or Town)  25d. MCd. More Color of Town  25b. REGISTRAR'S  DATEJUN 2 5 1969  GUILLON  25d. LDCATION (City or Town)	(County) (Stote)  M. J. SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04870 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Lost 20. DATE KNOWN Month Doy 2b. HOUR Yeor (Type or Print) JOSEPHINE OF any delay is and 3.30 MUSSELMON 4-8-19 69 age DEATH MATED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD HOUR 15 HOURS Jan. 5,1935 Female. 1969 White 34 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form Grambrills ANNE ARUNDEL U.S.A. WIDOWED [ DIVORCED [ Give Pages the State death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Denils Elbow Road during most of working life, even if retired.) INDUSTRY CROWNSVILLE Housework Dwn Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Bryttview Drive 13d. INSIDE CITY LIMITS? 1 and 2 with odmission) STATE Md 13b. COUNTY Anne Arundel Millersvilles Rte.#2 Box 204 be executed within 24 haurs in Item\_1 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Joseph Escavage Adeline please execute the certificate, writing the word "pending" in pencil in I director. Page 4 should be farwarded to the Chief Medical Examiner's haurs Schul tz pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes no, or unknown) (If yes give war or dates of service) Mr. Melvin Musselman (husband) Unknown Sames File within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of chest event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 🗔 3 should be 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, 19 69 Shot self CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote WHILE NOT WHILE TO COOPY, office building, etc.)
AT WORK AT WORK Crownsville area FUNERAL DIRECTOR: Poge Denils Elbow Rd. A.A. Md. 22a. I certify that I taak charge af the remains described above, held on Autapsy [X] Inspection [ Inquiry [ and in my opinian the funeral directar. deoth resulted from: Accident | Suicide X Homicide Undetermined monner Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 9, 1969 Charles S. Springate, M.D. **EXAMINER'S** 5 may FO FUNE Health, NAME (Type) ADDRESS(Street, city, town, or county) 23b. DATE 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) April 12,1969 Glen Haven Memorial Pk. Glen Burnie. 25b. REGISTRAR'S SIGNAT 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 1969 VR A15ME (5) GIen Burnie, Md. Singleton Funeral Home

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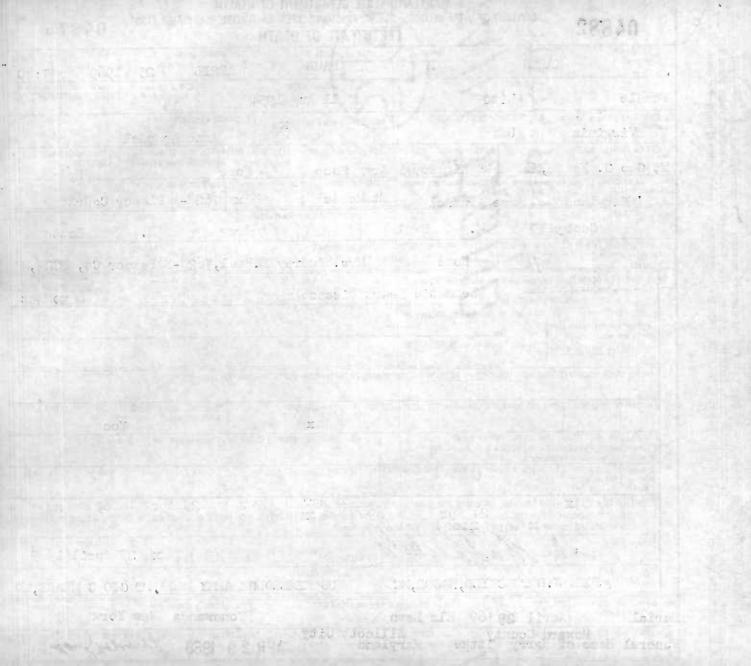
	04879 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04872
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	NO NONE FLIZABETH CHANCY SHAD	VASIDE MD
	IR. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	1// 00	one week
1	DUE TO, OR AS A CONSEQUENCE OF	1100000
1	tise to immediate curse (a) (b) Coronary attrice oscietos	yeurs
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E S	CAUSES OF DEATH?	CONSIDERED AT CERTIFULO
ERT	163 ACCIDENT WAS INDECEDURED. IN THE STATE OF THE STATE O	
A C	276. ACCIDENT WAS UNDERLINED 216. HIMLOF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	Item 1B.)
3	(If either, natify medical examiner) P.M. 19	
×		Caunty State
		67, that (I) (we) last
	sow the deceased glive on Charle 12 19 69, and that in (my) (eur) apinion death occurred on the de	
	22a. I certify that (I) (this hospital) attended the deceased from //// , 19 6/2, to ///////////////////////////////////	
	causes stated abave, (I) (we) (did (did got) view the body after death.  22b. SIGNATORE	
	causes stated abave, (I) (we) (did (did got) view the body after death.  22b. SIGNATORE	ote and haur and from the
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X	CQUSERS STATED ABOVE (II) (we) (did (did got) view the body after death.  22b. SIGNATORE  22c. ATTENDING PHYS.  22c. ADDRESS  NAME (Type)  12d. PHYSICIAN'S	DATE SIGNED  Action  (County)  (State)
	3. S 7a. cou 10. 13a. odm	CERTIFICATE OF DEATH

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5		- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	FOR STATE		04880 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  04873	
	HEALTH DEPT.		I. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day Year 2b. H.C. (Type or Print)	)UR
	lay is 1 3 ta Page ent af		TROOTE. NIXON DEATH MATED 4 14 169 P	N
	ath any delay ages 1, 2, and 3 th farm PM3. Pages State Department		3. SEX 4. RACE S. DATE OF BIRTH 11-20-1926 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months OAYS HOURS MIN. Month & Day 14 Year 159 POWNS MIN.	UR
	3	1	o. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	-
•	ges 1, farm ate Be	/	O. CITY, OR TOWN OF DEATH  11. NAME OF HOSPITAL OR, INSTITUTION (If not in haspital   12a, USUAL OCCUPATION (Kind of work done   12b, KIND OF BUSINESS OF	Me
	de Wie	19	The During most of working life, even if retired.) INDUSTRY Chaufter	
	al al	27	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 3b. COUNTY Anne Attundel Pasadena YES No. 8360	
		104	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost  Edward Nixon Lillian Ash	
	ommer's ammer's e pages 2 haurs	1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. ] 17. INFORMANT ADDRESS	
	within pencil Examine File page		(Yes, no, ar unknown) (If yes give war or dates of service) 220-14-9125 Clara M./Nixon 8360 Hil/da Ave. Pasadena Md	
	nauld be executed ward "pending" in the Chief Medical E. rrial-transit permit. F		18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETYLEN ONSET AND GEAT	A
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	L EX ecute Page ar y R: Pa	AT	22a. I certify that I took charge af the remains described abave, held an Autapsy , Inspection H, Inquiry H, and in my apin	ior
	octor. Per formal purial purial	d	death resulted from Natural causes , Accident , Suicide Hamicide , Undetermined manner	
	JTY PLOIC ITY, please eral directal be retained RAL DIRECT	9	CHIEF MEDICAL EXAMINER   22b, DATE SIGNED	
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	o DEP necesso the fun 5 may 0 FUNE Health	-	NAME (Type)  LINDARCH - ADDRESS(Street, city, tawn, ar county)  ADDRESS(Street, city, tawn, ar county)	
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		14883 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04876
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04010
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hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS	nsohe
with pen xami	,	(es, no, or unknown) (If yes give war or dates of service) 578-44-5495 MR. JEROME E. POWELL Gust	bond As # 13
d with per Exar Exar File in 72		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL DETWEEN ONSET AND DEATH
ruld be executed vard "pending" in the Chief Medical E. al-transit permit. Fany event within	13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Responsible to Surelion	Lee III
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INER: e cert shaul files. 3 shoi	MEDICAL	CAUSE OF DEATH P.M. 19	
	W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote
blose execute the certification. Page 4 should director. Page 4 should etained for your files.  DIRECTOR: Page 3 should to burial, cremation,		WHILE NOT WHILE TOCTORY, OTTICE DUILDING, erc.)	1-20-00
AL EXA execute in. Page J for yate		22a. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry .	and in my apinian
CAL exe exr. F ed fo CTOR		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
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		04884 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0 10 1
		CERTIFICATE OF DEATH	
2 25	1. D	DECEASED-NAME First Middle Lost 2a, DATE OF DEATH	1 2h HOUR
to the second	(	(Type or print) / / ) = 1+EP 11 DO (-C/EV/ D Month Day	Year 2b. HOUR
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2 4 5 S		11/A/E White 9-12-1900 68 YRS.	NTHS DAYS HOURS MIN
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the haspitol or attending physicion.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the crimeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages end signed by the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours offee death	cau	1000:410 91 CD WIDDING DIVIDING	ARUNDEL Md.
hin 24 filled pope thin 7	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USIJAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
e executed within 24 h and completely filled in remove carbon popers, n ony event, within 72 h	16		INDUSTRY
ecuted with completely ove carbon y event, wi	130.	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare   13c. CITY OR TDWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER	Coal Mine
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and rem	14.	. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
d'in d'in		Louis L. Presley Nannie Belle Dillon	
ote icid	160	ia. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes. no. or unknown)   (If yes give wor or dates of service)   16b. SOCIAL SECURITY NO.	
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tha by by ron	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	2
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has has che che che rpt.	E	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. Na. City or Town	aunty State
by the haspitol or ffer this certificate be detoched for u State Dept. of Heal		While at work at work at work	
y the y		22g.   certify that (1) (this haspital) attended the deceased from 3/9. 1967 to 4-70-196	T that (1) (wa) last
A Pfi		saw the deceased glive an 4-10-19 4, and that in (my) (pur) apiniph death accurred an the date	and hour and from the
OR ATTENE be retained JIRECTOR: A je 3 should ed with the		22a. I certify that (I) (this haspital) attended the deceased from	and noor and main me
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TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspita TO FUNERAL DIRECTOR: After this certifi director, page 3 should be detoched ishould be filed with the State Dept. of		22d. PHYSICIAN'S NAME (Type) CENAP S. DORKAN, M.D.	
OSI NE 4	22.	CHINAL CREMATION 225 DATE 22, NAME OF CREATION OF CREATION	
age Fire Sho ohs	230.	REMOVAL (Specify)	Caunty) (State)
5-5-1	-	Burial )-   Clen Burnie MD 21051 Glen Haven Glen Burnie Md.	
VR A15 M		George J. Gonce 4001 Ritchie Hgwy. 21225 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
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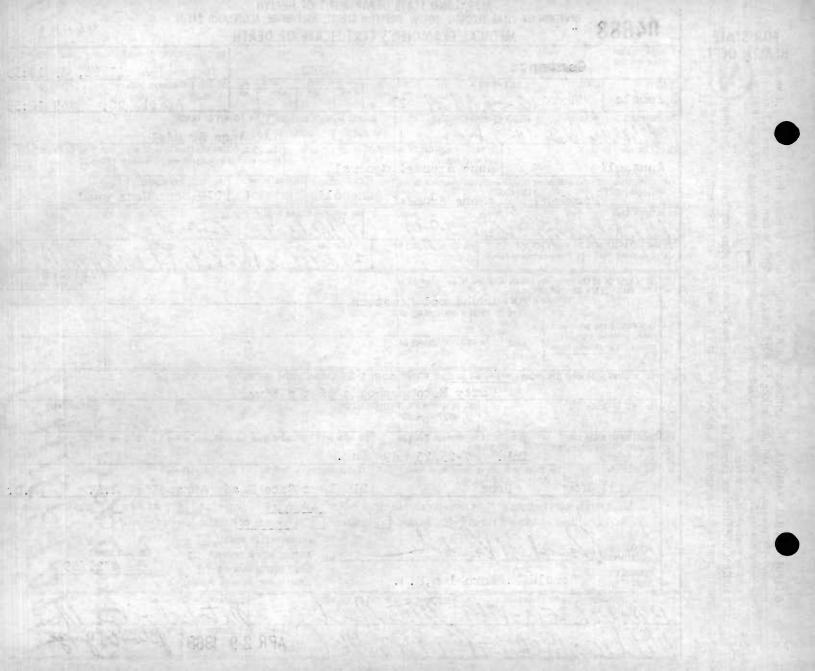
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04881 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOURA (Type or Print) Contance 0 REED DEATH MATED April 26, 169 10:55 delay and 3 IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOURA 3. SEX 5. DATE OF BIRTH pup P.M3 Female. Negro 482 1969 10:545 Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ward "pending" in pencin in Item 18. Give Pages 1, the Chief Medical/Examiner's Office along with form WIDOWED [ DIVORCED [ Give Poges Anne Arundel land2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done after death 12b. KIND OF BUSINESS OR give street oddress)
Anne Arundel General during most of working life, even if retired.) INDUSTRY Annapolis death, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Item 18. Annapolis YES NO 210 Bert Gate Road Maryland Anne Arundel haurs after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME / First Middle haurs 16h SOCIAL SECURITY NO 17. INFORMANT within (Yes, ng, grunknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Subdural Homatoma event DUE TO. OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise ta immediate couse (o). writing the ward any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = should be forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 Fatty Metamorphosis of the Liver remaval CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO 🗍 YES 🕌 pe 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY SOR CONTRIBUTING HOUR A.M. crematian, Unk. P.M.4-25/26 19 69 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.)
Home FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 210 Bert Gate Road Annapolis please execute M.D. burial, 220. I certify that I took charge of the remains described above, held on Autopsy \,\int\,\). Inspection . Inquiry , ond in my opinion death resulted from: Notural couses Accident Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/27/69 5 may b TO FUNER Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL, CREMATION, 23C MAME OF CEMETER LOR CREMATOR ADDRES 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNA 24. FUMERAL DIRECTOR VR A15ME 10M REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH



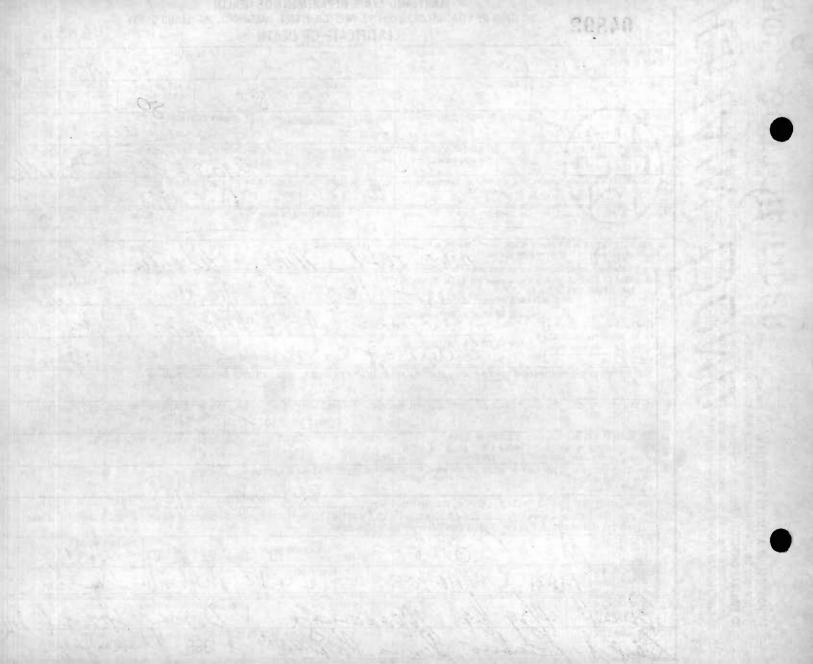
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		04890			RTIFICATE OF DEAT	H			
)		ECEASED-NAME Fir Type ar print)	st	Middle	Last	2a. DATE OF DEATH			2b. HOUR P
	,	Kar	1 Francis	dond als	RHINE	April ^	Nonth 13. Day	1969 <sup>Yeor</sup>	7:00 M
	3. SI	X	4. RACE Free	LETICA	S. DATE OF BIRTH	6. A	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	9.	Male		White	January 19	9, 1896 last	73 YRS.	MONTHS DAYS	HOURS MIN.
1	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHA	T COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEAT			
1	Wa	ashington, D.C	USA		VIDOWED DIVORCED	Anne Arui	ndel Cou	ntv	Md.
ľ	10. (	ITY OR TOWN OF DEATH	11. NAN	E OF HOSPITAL OR INSTIT	JTION (If nat in haspital 12a. U	ISHAL OCCUPATION (Kind	of work done	12b. KIND OF E	
I		Annap	olis give str	ne Arundel	General Hosp.	Me a work white	ven if retired.)	INDUSTRY	
	130.	USUAL RESIDENCE (Where dece	ased lived, if institution	n: Residence befare 13	c. CITY OR TOWN 13d. INSIDE C	ITY LIMITS? 13e. STREET A			
1	aam	ission) STATE Maryla	nd 13b. COUNTY A	nne Arunde	Deale YES	NO E BOX	496		
	14. 1	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAM		Middle		Lost
		W. A	•	Rhine	Katheran	Barbara	Muller	2	
	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	6b. SOCIAL SECURITY NO.	17. INFORMANT	20120020	Address		
	A	es. pp, or unknown) WWI	suprar dates of conical	212 32 16	06 Dorothy Rh	ine Deale			
Ī		18. CAUSE OF DEATH (Enter				THE DEGLE	a MICC.	APPROXIM	MATE INTERVAL
		PART I. DEATH WAS CAUS	SED BY:	alnue	o's penales	(1)		BETWEEN ON	ISET AND DEATH
		5711 IMMEL	DIATE CAUSE (a)		co comos	ue a		Th	102
		Conditions, if ony, which gave	1	A CONSEQUENCE OF				300	
		rise ta immediate cause (a)	(D)	A CONSEQUENCE OF					
		stating the underlying cause last.	(a)	A CONSEQUENCE OF					
	3		ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT E	ELATED TO THE TERMINAL DISEASE	OR CONDITION CIVEN IN D	ADT 1/-\		
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	CERT	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF II	NITIRY	21c. HOW INJURY OCCURRED (E	inter nature of injury in B	art I ar Dart 9 to	10 \	
	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year	ZIC. HOW INJUNI OCCURRED (E	inei naiore oi injury in P	un i ar ram Z, M	em 18.)	
War.	MEDI	(If either, natify medical exam 21d. INJURY OCCURRED 21		HOME FARM STREET FACTORY	V 214 LOCATION CO	Ma char		6	C1 1
		While Nat while	E. FLACE OF INJUST (	T HOME, FARM, STREET, FACTORY FFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D.	Na. City or Tov	vn	Caunty	State
		ar wark ar wark	Lie Leesia IV	1.14.1	3/2	065	7 101	5	(1)
		22o. I certify that (I) (t	nis nospitol) often	ded the deceosed	from , 19 , and that in (my) (our)	opinion dooth occur	od on the det	, that	(I) (we) lost
		couses stoted obov	re, (1) (we) (did) (d	id not) view the boo	y ofter deoth.	סאייווסוו מפסונו סנכמנו	ed on the dot	e ona nour a	and from the
		22b. SIGNATURE	13//	7			22c. D/	ATE SIGNED	
		lelen	1) Dul		DEGREE PHYS.	MED. STAF	F	4/16/6	5
		22d. PHYSICIAN'S NAME (Type)	2/		22e. ADDRESS		7	1010	
		NAME (Type)					FILE	(	
F	23a.	BURIAL, CREMATION, 23b	. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION (City	ar Tawn)	(Caunty)	(State)
1	Bı	REMOVAL (Specify) 4-	-16-69	Ft. Lir		Bladensh	ourg.Md	•	
-	24.	FUNERAL DIRECTOR		ADDRESS	2Sa. REC'	D BY REGISTRAR 25	b. REGISTRAR'S S	GNATURE	4.5
1	B.F	ardesty Fune	eral Home	Annapoli	s, Md. DATE A	APR 1 8 1963	y yours	near you	A.
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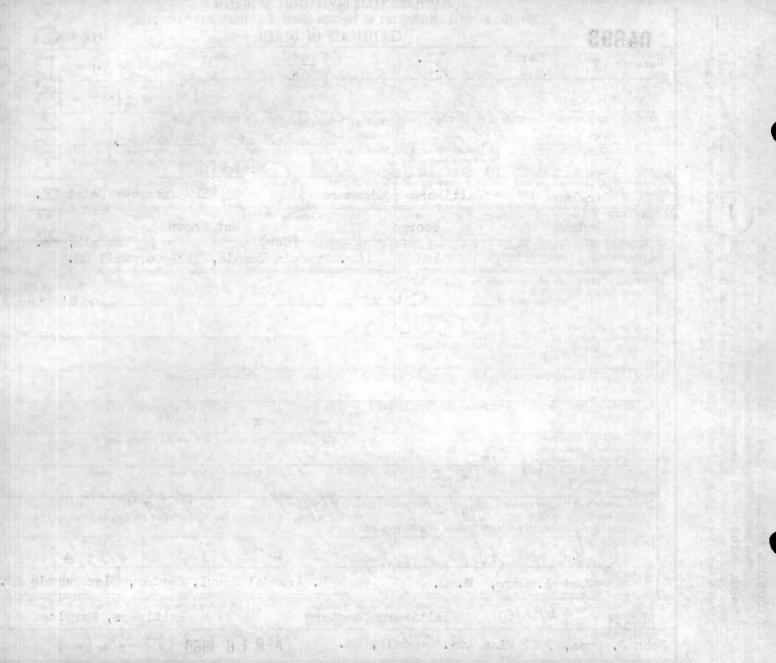
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	THE STATE OF		
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24		. 1		D STATE DEPARTMENT OF			
		04891		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	0488	4
= -2=		ECEASED-NAME First	t Middle	Last	2a. DATE OF DEATH		2b. HOUR
era and deal	1	Type or print) JAMES	Ε.	RHODES Sr.	April Pay	1959	2:100
fun	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years		UNDER 24 HRS.
aft after aft		Male	White	May 7,1937	last highday)	MONTHS DAYS H	OURS MIN.
and a de la		BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
in ers.	cau	Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel		Md.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the hospital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages, I and 2 vith the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death.		Glen Burnie	11. NAME OF HOSPITAL OR IN give street address) Arunde	l Hospital   Mai	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BU	
p e e	13a.	USUAL RESIDENCE (Where deced	ased lived, if institution: Residence before		The state of the s	1. 1991	
£( \$ \$ \$ 0.)	aam	ission) STATE Marvland	13b. COUNTY Arundel	Glen Burnie YES N	0X 634 Binsted	Rd.	
exe exe	14.	FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME	First Middle		Last
be ex		James	O. Rhodes	Magaret	te	Cour	sev
ate ician eas and	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY		Address	- 15-	#13
hys hys val,	L'	es, na, ar unknawn) (If yes give	war ar dates of service) 218-32-0	548 Mrs. Jeannett	e R. Rhodes (wif	e) Same	85
The p		18. CAUSE OF DEATH (Enter a	inly one cause per line for (a) (b) and (c)			APPROXIMAT BETWEEN ONSE	EINTERVAL
equires that the death certificate be executed physician. signed by the attending physician and cample burial-transit permit. Then please remave capburial, crematian, or remaval, and in any event		PART I. DEATH WAS CAUSI	ED BY:	Druck of reams			
atte erm an, c		485X	DUE TO, OR AS A CONSEQUENCE OF	The state of the s			
the the sit p		Canditians, if any, which gave	(d)				
hat n. by t ans		rise to immediate cause (a), stating the underlying cause	DUE TO OR LE L'EQUIPMENT OF				
es testicidades de la contra del contra de la contra del		last.	(c)				
quires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		-1 -3(1)
ng region s	2	10.00					
Ihe law ratending attending has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS P	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERT	TFYING
the after has has he a	E SE	EL TOPO TO		YES NO	CAUSES OF DEATH?		
ar are		21a. ACCIDENT WAS UNDERLYI	ING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er nature af injury in Part 1 ar Part 2,	item 18.)	
EIA Fire and the fire of the f	MEDICAL	or contributing cause of Der (If either, natify medical exam	ATH HOUR A.M. Manth Day Year	9			
vspi ospi cert hed bt. a	MED	214 IMILIAN UCCLIBBED 214	B. PLACE OF INJURY (AT HOME, FARM, STREET, FA		a. City ar Tawn	Caunty	State
PH' his his etac Dep		While Nat while at wark	OFFICE BUILDING, ETC.		A THE LAND OF THE RESERVE OF THE PARTY OF TH		
A the art and arte arte		22a   certify that (1) (t)	his haspital) attended the deceas	ed fram 4/1 19	59 , ta 4/4 , 19	69 , that (	) (we) last
Aft Aft e St e St		saw the deceased	alive on 4/4	19 69, and that in (my) (our) or	inian death occurred an the do	ate and haur an	d from the
OR: in the state of the state o		<u> </u>	ve, (I) (we) (did) (did not) view the	body ofter death.			
With the Party of		22b. SIGNATURE	7	ATTENDING	MED. STAFF 22c.	DATE SIGNED	
OR be be ded ded ded ded ded ded ded ded d		Nejwel	(-ly:		MED. STAFF DIRECTOR PHYS.	7. 334.7.1	33.50
AL AL POG POG PE FILL		22d. PHYSICIAN'S NAME (Type)	Alledender Mend	22e. ADDRESS	Annesel de Od N	/E C1	D
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-trar, shauld be filed with the State Dept. af Health priar ta burial, crea		0.	. Alejandro Mont		Annapolis Rd. N		
Hau hau	23a			CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)		(State)
5 5 5 p				Haven Memorial Pk	Glen Burnie,	Marylan	d
VR A15		FUNERAL DIRECTOR	ADDRES!		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE LANGE	. 7
30M REV. 1 68	1	Singleton Fun	etal Tome ulen B	Jurnie, Md. DARPK	0 1000	0 6	1

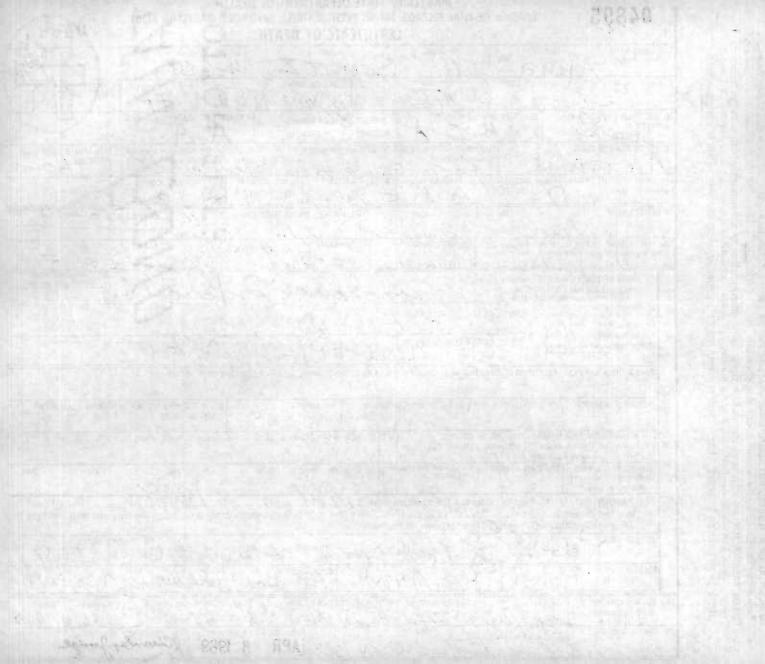
1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	04892 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.00
L	CERTIFICATE OF DEATH	04885
1.	1. DECEASED NAME (Type or print) / / / / / A A D Middle (Type or print) / / / / A A D Month of Court	2b. HOUR
L	(Type or print) WILLARD S ROGERS 4 Month 2 GDoy	19409 735pm
3.	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
L	The Top 2/100 Start NRS.	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (State ar foreign   7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
L	Manyanis USA WIDOWED DIVORCED - Clinic Un	undel Md.
10	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of wasking the even if setup of	12b. KIND OF BUSINESS OR INDUSTRY
12	Can home Welait Tiles	milk
ac	13a. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) STATE Manager 13b. COUNTY A A VESTI NO COUNTY A VESTI NO COUNTY A A VESTI NO COUNT	2-0
17		<i>)-1/</i>
1,	14. FATHER'S NAME First' Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	
1	Yes, no, or unknown (If yes give war or dates of service)	Alane
-	1B. CAUSE OF DEATH (Enter only one cause per line fay (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY:	BETYSTEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) COLOR OF C	Moun
	Conditions, if any, which gave)  DUE TO, OR AS ACONSEOUENCE OF  Conditions, if any, which gave)	kente
Г	rise to immediate couse (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	100017
ı	last. (c) Ollieraly a templeris	ellan.
E	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
1		
ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CO.	NSIDERED IN CERTIFYING
DTICI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS COLLEGED 10 OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Fater parties of fairure in Death as Death 2 or Death 2	
		em 1B.)
ENIC	(If either, natify medical examiner) P.M. 19	10000
AA	While Not while of the first building, etc.	County State
	drwdrk or work	0
	22a. I certify that (I) (this haspital) ottended the deceased fram 1907, 1909, to 1900, 1900 saw the deceased alive on 1907, and that in (my) (our) apinion death occurred an the date	that (I) (we) last
	causes stated obove, (I) (we) (did) (did not) view the bady after death.	e ond haur and from the
	22b. SIGNATURE 22c. DA	ATE SYGNED /
	DEGREE ATTENDING MED. STAFF PHYS.	f/17/69
	22d. PHYSICIAN'S NAME (Type) ALAX (FRANKU) 22e. ADDRESS JE PLITZLA H.	200
	The children of the second	son very
23	23c. NAME OF CEMETERY OF CREMATORY 23b. LOCATION (City or Town)	(County) (State)
0.4	fred Till Whamist With	Quant m
124	When I was fillen for the fillen for the part of the p	GNATURE
1	West J. Jacobson Jack DATE I 1000 /	1



. 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
X		04886
nours after death.  by the funerol  Poges 1 and 2  Nours after death.	DECEASED NAME First Sarah Middle (Type or print) Rumble 20. DATE OF DEATH Month 3 Doy 6	gyeor 6 5 M
urs afte y the f Poges urs afte	Pehrel Cane 3/17/8/ lost birthday) YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN
24 hou	76. BIRTHPLACE (Stote or foreign Country)  76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED DIVORCED  9. COUNTY OF DEATH WIDOWED DIVORCED	Md.
within tely fill rbon po	Jen Burnie Give street oddress) Con. Cen during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
be executed within 24 hou and completely filled to be remove, carbon papers.	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STAT Maryland 138. COUNTY Baltimore Edgemere YES NO STATEMARY	Point Rd.
s remaind dincen	14. FATHER'S NAME First Middle Lost George IS. MOTHER'S MAIDEN NAME First Middle Not Known	Lost
ertificote b physician nen pleos	16b. SOCIAL SECURITY NO. 17. INFORMANT (Son)  Address Durn  (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT (Son)  Address Durn  Mr. Francis Rumble, 8121 Cornwal.	1 Rd.
ne death c ottending permit. Th	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove)	APPROXIMATE INTERVAL BETWEEN DINST AND DEATH MONTE
OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or ottending physicion.  SIRECTOR: After this certificate has been signed by the e 3 should be detoched far use os the buriol-tronsit ed with the State Dept. of Heolth prior to buriol, cremat	rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ICIAN: The law repital or ottending rtificate has been of far use os the of Heolth prior to	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY?  YES NO 20  210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIALY 1216 HOW INITIALY OF CHIRRED. (Enter nature of initial in Part 1 or Part 2 How	
SICIAN: spiral or entificate ed far u	OR CONTRIBUTING CAUSE DE DEATH  (If either, notify medical examiner)  OR CONTRIBUTING CAUSE DE DEATH  HOUR A.M. Month Doy Year  P.M. 19	
IG PHY the ho r this or detoch	While Not while of work Office BullDing, ETC.	ounty Stote
OR ATTENDING De retained by th NIRECTOR: After the 3 should be de	22a. I certify that (I) (this haspital) attended the deceased fram	, that (l) (we) last ond haur and fram the
	22b. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR	13/69
O HOSPITAL Poge 4 moy O FUNERAL I director, pag	NAME (Type Jack I. Hern, M. D. N. Arundel Convl. Center, Gl	
TO H Pogr TO FL dire	23c. BURIAL, CREMATION, REMOVAL (Specify) 4/16/69 Baltimore Cometery Baltimore, Baltimore, ADDRESS 25c. RECD. BY REGISTRAR 25b. REGISTRAR 25c. RECD. BY REGISTRAR 25b. REGISTRAR 5 IGH	MATILDE
VR A15 (4) 45M - 1 X 69	John J. Duda, 7922 Wise Ave. Dundalk, Md. 250. REGISTRAR 16 1969 25b. REGISTRAR'S SIGN	o Judge



_ 1	04894	DIVISION OF VITAL RECORDS, 30	THE DEPARTMENT OF DIEST, BALESTON STREET, BALESTON STREET	TIMORE, MARYLAND 21201	04887
death and deoth	I. DECEASED-NAME First (Type or print) Kelle		Last	20. DATE OF DEATH April Month 6 D	ay 196 Pear 25 Hour
hours after Lay the fu s. Pages 1 hours after	s. sex · Male	4. RACE White	S. DATE OF BIRTH 7-30-05	6. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS CIAYS HOURS MIN.
d at by	To. BIRTHPLACE (Stote or foreign country)  Virginia	U. S.	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
completely filled ove corbon page y event, within 7	O. CITY OR TOWN OF DEATH  Anne Arundel	11. NAME OF HOSPITAL OR INSTIT give street address North Arunde	during	UAL OCCUPATION (Kind of work done mast of warking like, even if retired.	
omplete ove cort event,	30. USUAL RESIDENCE (Where deceos odmission) STATE Md.		Glen Burn & St. (134, INSIGE CITY)	NO 20 Crain Hw	y. N.W.
n and complete remove	14. FATHER NAME First	n. Russell	15. MOTHER'S MAIDEN NAME	First Middle	Lost
hysicka n pleas vol, and	16a. WAS OF EASED EVER IN U.S. ARN Yes, no or unknown) (If yes give w Unknown	IED FÖRCES? ar or dates of service) 16b. SOCIAL SECURITY NO. 226-12-5	17. INFORMANT TACK PUS	SELL 1752 P	EMPKIN HILL DA
or attending physicion.  ite has been signed by the ottending physickin and control to so the burial-transit permit. Then please-remosalth prior to burial, cremation, or removal, and in any	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT COM	y one cause per line for (o), (b), ond (c) BY:  TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT	her.		GETWEEN ONSET AND DEATH
Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFO	YES NO	CALISES OF DEATHS	CONSIDERED IN CERTIFYING
this certificot detached for e Dept. of He	G (If either, natify medical examin	HOUR A.M. Month Doy Yeor ner) P.M. 19	Y.) 21f. LOCATION Street or R.F.D. N		County Stote
auld be detached for use os the the Stote Dept. of Health prior to	While Nat while 22a. I certify that (I) (the saw the deceased a	s hospital) attended the deceased	fram 4/4, 196	g, ta 4/6, 1	969 , that (I) (we) last
director, page 3 shauld should be filed with the	22d. PHYSICIAN'S NAME (Type)	burnan, h. 1. de GUZMA	DEGREE PHYS.  22e. ADDRESS 3	MED. STAFF DIRECTOR PHYS. D	C. DATE SIGNED  10 Suite 10 Color
direct	230. BURIAL, CREMATION, 23b.	DATE 23c. NAME OF CEN	METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
15(4) V.\r\68	24. FUNERAL DIRECTOR	Reneral Harne	Raurel My DATE P	R 1 4 1959 REGISTRAN	es signatur



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\II- 1 \V		MARYLAND STATE DEPARTMENT OF HEALTH				
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04890			
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 1000			
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month	Day Year 2b. HOUR			
is to of of	1	Type or Print)  Type or Print)  Type or Print)  OF ESTI- DEATH MATED   4	12 69 PM			
elay d 3 . Poe	3. 5	EX 4. RACE S. DATF OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR			
m		Month S/11/20 48 Months DAYS HOURS MIN. Manth of Day /	2 Year 69 PM			
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF-WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH					
hours ofter death Item 18. Give Pages 1, Office along with form Jand 2 with the State De after deoth	country)					
tate	10. 0	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   12a. USUAL OCCUPATION (Kind of wark done   12b. KIND OF BUSINESS OR				
hours ofter death Item 18. Give Pages Offlice along with for Jand 2 with the State	Gen Burnie   No. Agundel Gen. Hosp.   during most of working life, even if refired.)   INDUSTRY GOVT.   Machinist-Coast Guard-U.S.					
Sive ng		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Juaru-U.S.			
wit de of	0	dmission) STATE MD 136. COUNTY Balto. Balto YES X NO 3722 Elmoz	D-AVE.			
hours offer lem 18. Girls office along Joid 2 with affect deoth	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost			
4 = 5 = 1		John Shearer Anna	Conn			
thin 24 shell in 24 miners by proges hours	160		22 Elmora Av			
within pencil xaprine xaprine ile pogg		(es, no, or unknawn) (If yes give war ar dates of service)				
xecuted withdrain per Medical Exage permit. File file file file file file file file f		TO TO STATE HOOF HERDER STREET WILLOW	APPROXIMATE INTERVAL			
ted " ir in ir. iit. iit. iit.	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH			
be execut "pending" ief Medic insit perm	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave  price to immediate cause (a)  (b)					
ent ent		DUE TO, OR AS A CONSEQUENCE OF				
be Thie rans		Conditions, if only, which gave rise to immediate cause (a), (b)				
vord vord ony ony		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
shauld be e ne word "per to the Chief I buriol-transit 1 in ony even		dst.   (c)				
d t t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
rifica iting arde arde d as	NO					
INER: This certificate, writ should be forwar files. 3 should be used nation, or remova	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?			
AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. TOR: Page 3 should be uriol, cremation, or ren	RTIFI		YES NO NO			
iffice d b	IL CE	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I PRIMARY OR CONTRIBUTING HOUR A.M.	tem 18.)			
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19				
wind the material and t	W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street, and factory, office building, etc.)  21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State			
L EXAM cecute the Page 4 for your NR: Poge iol, creminal.		WHILE NOT WHILE TACTORY, OTICE building, etc.)				
L EXA Lecute Page or you in, cre		22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion			
Ed for expectation of the control of		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner				
please direct direct retaine		CHIEF MEDICAL EXAMINER	15 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ple de la		ACTUAL SIGNATURE	SIGNED			
UT,		DEDITY MEDICAL EVANINED 4	-69			
o DEPUTY DICAL EXAMINER: This certific necessary, please execute the certificate, writin the funeral director. Page 4 should be forwards 5 may be retained for your files. DEUNERAL DIRECTOR: Page 3 should be used as Health prior to burial, cremation, or removal,		NAME (Type)  EXAMINER'S  NAME (Type)  ADDRESS(Street, city, town, or county)	ACO.			
10 DEPUT necessary the funer 5 may be 00 FUNER Health p	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)			
		REMOVAL (Specify) Burial 4/16/69 Holy Redeemer Cem. Baltimore, Mc				
	24.	FUNERAL DIRECTORADDRESS	SIGNATURE			
VR A15ME (5)		Schimaler Paneral Home, The.	res Judge			
10M REV. 1/68	_	3331 Brehms Lane				

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1 04898	DIVISION OF VITAL RECORDS, 3	STATE DEPARTMENT OF 101 W. PRESTON STREET, BAL		
Item24 FilmG412		ERTIFICATE OF DEATH		04891
1. DECEASED-NAME Firs (Type or print)		SHEENE, Jr.	20. DATE OF DEATH  April Month 30.	2b. HOUR 2:15
3. SEX Male	4. RACE White	S. DATE OF BIRTH  July 21, 1	6. AGE (In yeors	IF UNDER 1 YEAR   IF UNDER 24 HRS
70. 81RTHPLACE (Stote or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arunde	
10. CITY OR TOWN OF DEATH  Annapolis		General Hospuring	UAL OCCUPATION (Kind of work done most of working life, even if retired.	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceded odmission) STATE Marylan	sed lived, if institution: Residence before d 13b. COUNTY	3c. CITY OR TOWN 13d INSIDE CITY  Laure1 YES   13d INSIDE CITY	The state of the s	enue
14. FATHER'S NAME First	Middle Lost Sheeke	1s. MOTHER'S MAIDEN NAME  REBLIVE		Lost
	MED FORCES?  war or dates of service)  16b. SOCIAL SECURITY NO	MRS WM. C.	Sheesse. Address	Balde, Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	DEMOREN	21 CBS AGE	BETWEEN ONSET AND GEATH
NO.	NDITIONS CONTRIBUTING TO DEATH BUT NOT CONDITION FOR WHICH OPERATION WAS PERF		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF OEA	HOUR A.M. Month Doy Yeor P.M.		ter noture of injury in Port 1 or Port 2	
While Not while at work of work 220. I certify that (I) (the saw the deceased causes stated above	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.  Also hospital) attended the deceosed alive an19 e, (1) (we) (did) (did nat) view the bo	from 19	, to, 1 pinion death accurred an the a	
22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) Step	hen B. Hiltabidle, M	22e. ADDRESS	MED. DIRECTOR STAFF PHYS.   22	napolis, Md.
230 BURIAL REMATION, REMOVAL (Specify)  24. FUNERAL DIRECTORSC TWAN	Funeral Home ADDREST	METERY OR CREMATORY  OL Fred. Ave 250. RECD  Ze. Md. DATE MA	BY REGISTRAR 2Sb. REGISTRAR	Md.

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	MARTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
// _	CERTIFICATE OF DEATH
	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) / Lost Day Year 2b. HOUR
	FUTURE COLORY MAN SHEPHER C HPF 1 23 1969
3.	S. DATE OF BIRTH  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   MONTHS   OAYS   HOURS   MIN.
	NJE 10416 1871 69 YRS.
70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
1	Greenock U.S.A. WIDOWED DIVORCED Anne Arundel
10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)  120. USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired.)  INDUSTRY
0 14	Farmer Talacco
adr	I. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY / 1
Ø =	190 71 90 0000 2
14.	
14	g. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT Address
	Yes, no, or unknown) (If yes give wor or dates of service) 22 6 34 83 85 Mary Sherkerd Harrison (4)
-	
	18. CAUSE UP DEATH (Enter only one cause per line for (a), (b), and (c).  BETWEEN ONSET AND GEATH  DADT I DEATH WAS CAUSED BY.
	1/2/12 IMMEDIATE CAUSE (0)
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)
	rise ta immediate cause (o),
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	YES NO CAUSES OF DEATH?
MEDICAL	or contributing cause of Death HOUR A.M. Manth Day Yeor (If either, natify medical examiner) P.M.
MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.  OFFICE BUILDING, ETC.
	While Not while at work at work
	22a. I certify that (I) (this haspital) attended the deceased fram , 1945, to affect 23, 1969, that (I) (we) las
	22a. I certify that (I) (this haspital) attended the deceased fram , 1945, to 423, 1969, that (I) (we) lass saw the deceased alive on 421964, and that in (my) (our) opinion death occurred on the date and haur and from the courses stated abave, (I) (we) (did) (did nat) view the bady after death.
10	couses stated above, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED
	DEGREE PHYS.  ATTENDING MED.  STAFF DIRECTOR DIRECTOR PHYS.
1	22d. PHYSICIAN'S NAME (Type) Dr. Emily H. Wilson 22e, ADDRESS Lothian, Md. 20820
230	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
7	REMOVAL (Specify)/ April 25/69 Christ Clarer 4/ Maris Wille A/ Med
24	EUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Bernard Jeesking Galistelle Cell DATEMAY 9 1969'

A STATE OF THE PARTY OF THE PAR in. Amily 5.7 willson to be included and and and and the state of t 

		412 4/30/6		CERTIFICA	TE OF DEATH			0489	dir.
	DECEASED-NAME (Type or print)	First	Middle		Last	2a. DATE (		Day Yeor	2b. HOUR
	To 16	alter	nmn		Slater		4	19 69	6A M
3. 3	SEX .	4. RACE		2	. DATE OF BIRTH		6. AGE (In years last birthday)		UNDER 24 HRS OURS MIN
_	Male	Whi			4-3-1988	1888	81 YR		OUKS MIN
	BIRTHPLACE (State or foreig	100	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY (	OF DEATH		
L	Poland	Pola		WIDOWED		A.A.	Co.		Md
10.	CITY OR TOWN OF DEATH  Glen Burni	e III	NAME OF HOSPITAL OR ve street address)	INSTITUTION (If not	in hospitol 120. U	SUAL OCCUPATION most of working	ON (Kind of work done ing life, even if retired.	12b. KIND OF BUS INDUSTRY Beth S	
130	. USUAL RESIDENCE (Where	deceosed lived, it insti	fution: Residence befor	re 13c. CITY OR T	DWN 13d. INSIDE CI		STREET AND NUMBER	De Lu S	reel
uan	nissian) STATE Maryl	and 13b. COUNTY	A A Co	<b>WPasa</b>	dena YES	NO D	6Rock H	ill Boss	h
14.	FATHER'S NAME First	Middle	Lost		NOTHER'S MAIDEN NAM	E First	Middle		Last
		nown			Unknown				
160	. WAS DECEASED EVER IN U.	S. ARMED FORCES? es give war or dates of service)	16b. SOCIAL SECURIT		ORMANT	-11-11	Address		
	Yes, no or unknown) (If y	es Aise was or naies or service)		Mi	. Henry Sl	ater	Same		
	18. CAUSE OF DEATH (En	ter anly ane cause per	line for (a), (b), and	(c).)				APPROXIMATE BETWEEN ONSET	INTERVAL
	PART 1. DEATH WAS	CAUSED BY:	HO cel	usic	m of	rt.	nain	DETWEEN ONSET	AND DEATH
	4109		R AS A CONSEQUENCE O	OF CO TO	nary	arte	ry		
	Canditians, if ony, which	gave)	Mysca	ndial	infan	al b	rosteri.	01	
	rise to immediate cause stating the underlying c		R AMA CONSEQUENCE C	OF .		-			
	last.	(c)	Hna	sare	a				
	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO 1	HE TERMINAL DISEASE (	OR CONDITION GIV	/EN IN PART 1(a)		
1 2		19h CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?	20b.	IF YES, WERE FINDINGS	S CONSIDERED IN CERTI	FYING
ATION	19a. DATE OF OPERATION	TAB. CONDITION TOK			1				
TIFICATION	19a. DATE OF OPERATION	178. CONDITION TOR			YES NO	L CAUS	ES OF DEATH?		
CERTIFICATION	21o. ACCIDENT WAS UND	ERLYING 21b. TIME	OF INJURY	21c. HOW	YES NO			2. Item 18.)	
	210. ACCIDENT WAS UND	ERLYING 21b. TIME OF DEATH HOUR A.F	A. Manth Day Yea	ar	YES NO			2, Item 18.)	
MEDICAL CERTIFICATION	21o. ACCIDENT WAS UNDI	ERLYING 21b. TIME OF DEATH HOUR A.F. examiner) P.F.	M. Manth Day Yea M.	ar 19	INJURY OCCURRED (E	nter nature of in	jury in Part 1 ar Part 1		State
	21o. ACCIDENT WAS UNDI	ERLYING 21b. TIME OF DEATH HOUR A.F. examiner) P.F.	M. Manth Day Yea M.	ar 19		nter nature of in		2, Item 18.) County	State
	210. ACCIDENT WAS UNDITION OF CONTRIBUTING CAUSE (If either, natify medical of 21d. INJURY OCCURRED While Nat work at wark	ERLYING 21b. TIME OF DEATH HOUR A.P. examiner) P.P. 21e. PLACE OF INJUR	A. Manth Day Yea A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	or 19 FACTORY.) 21f. LOCA	TION Street or R.F.D.	nter nature of in	jury in Part 1 ar Part 2 tγ ar Town	Caunty	
	210. ACCIDENT WAS UNDING CAUSE (If either, natify medical 21d. INJURY OCCURRED While at work at work 22a. Leertify that (I sow the decease	ERLYING 21b. TIME OF DEATH HOUR A.F. 21e. PLACE OF INJUR	A. Manth Day Yea A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  ttended the decea	or 19 PACTORY.) 21f. LOCA  ased fram  19 and 1	TION Street or R.F.D.	nter nature of in	jury in Part 1 ar Part 2 tγ ar Town	County that (1)	l (we) las
	210. ACCIDENT WAS UNDION OF CONTRIBUTING CAUSE (If either, notify medical of the control of the	ERLYING 21b. TIME OF DEATH HOUR A.F. 21e. PLACE OF INJUR	A. Manth Day Yea A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  ttended the decea	or 19 PACTORY.) 21f. LOCA  ased fram  19 and 1	TION Street or R.F.D.	nter nature of in	jury in Part 1 ar Part 2 tγ ar Town	County that (1)	(we) las
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	210. ACCIDENT WAS UNDION OF CONTRIBUTING CAUSE (If either, notify medical of the control of the	ERLYING 21b. TIME OF DEATH HOUR A.F. 21e. PLACE OF INJUR	A. Manth Day Yea A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  ttended the decea	or 19 PACTORY.) 21f. LOCA  ased fram 19 and 1	TION Street or R.F.D.	nter nature of in	iury in Part 1 ar Part 2 ty ar Town, 1 accurred an the a	Caunty  9, that (I) date and haur and	(we) last
	210. ACCIDENT WAS UNDID OR CONTRIBUTING CAUSE (If either, notify medical 21d. INJURY OCCURRED While Not while at work at wark 22a. Certify that (I) Saw the deceas causes stated a 22b. SIGNATURE  22d. PHYSICIAN'S	PLYING OF DEATH HOUR A./ P.ACE OF INJUR  (1) (this haspital) a ed alive an bave, (1) (we) (die	A. Manth Day Yea A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  ttended the decea	or 19 19 rections.) 21f. LOCA used fram	TION Street ar R.F.D.  , 19 hat in (my) (aur) cath.  ATTENDING PHYS.	Na. Cit  Dipinion death  MED.  DIRECTOR	ty ar Town  ty accourred an the of STAFF  PHYS.   22	Caunty  9, that (I) date and haur and	(we) last
	210. ACCIDENT WAS UNDID OR CONTRIBUTING CAUSE (If either, notify medical 21d. INJURY OCCURRED While Not while at work at wark 22a. Certify that (I) Saw the deceas causes stated a 22b. SIGNATURE  22d. PHYSICIAN'S	PLYING OF DEATH HOUR A./ P.ACE OF INJUR  (1) (this haspital) a ed alive an bave, (1) (we) (die	A. Manth Day Yech.  Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  ttended the decea  (did nat) view th	ised fram, and the bady after de	TION Street or R.F.D.  7 19  hat in (my) (aur) coath.  ATTENDING PHYS.  22e. ADDRESS  206 S.	Na. Cit  Dipinion death  MED.  DIRECTOR	ty ar Town  ty accourred an the of STAFF  PHYS.   22	Caunty  9, that (I) date and haur and	(we) last
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WEDICAL	210. ACCIDENT WAS UNDI OR CONTRIBUTING CAUSE (If either, natify medical of the control of the co	21b. TIME OF DEATH POUR A./ P./ 21e. PLACE OF INJUR  (b) (this haspital) a ed alive an bave, (l) (we) (dia  23b. DATE	A. Manth Day Yech.  Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  Ittended the decea  (did nat) view th  23c. NAME 0  1969 Glen	or 19 FACTORY.) 21f. LOCA  ased fram, and the bady after de  DEGREE  DEGREE  DEGREE  DEGREE  DE CEMETERY OR CE	TION Street or R.F.D.  , 19 hot in (my) (our) coath.  ATTENDING PHYS.  22e. ADDRESS 206 S.  EMATDRY	Na. Cit  I ta pinian death  MED. DIRECTOR  Gilmo:  23d. LDCAT	ty ar Town  ty ar Town  accourred an the company of the standard s	Caunty  9, that (!) date and haur and c. DATE SIGNED  alto. Md  (Caunty)  (Maryland	(we) last
230 24.	210. ACCIDENT WAS UNDI OR CONTRIBUTING CAUSE (If either, notify medical 21d. INJURY OCCURRED While Not while at work 22a. Certify that (I saw the deceas causes stated a 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  BURIAL, CREMATION,	21b. Time PLACE OF INJUR  21e. PLACE OF INJUR  21e. PLACE OF INJUR  21e. Of this haspital) a ed alive an bave, (I) (we) (die  22b. DATE  April 22,	A. Manth Day Yec  A. Y (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  Ittended the decea  (did nat) view th  A. D.  23c. NAME O  1969 Glen  ADDRE	ised fram, and the bady after de	TION Street or R.F.D.  , 19 hot in (my) (our) coath.  ATTENDING PHYS.  22e. ADDRESS 206 S.  EMATDRY	Na. Cit  I ta pinian death  MED. DIRECTOR  Gilmo:  23d. LDCAT	ty ar Town  Toccurred an the of STAFF 22  Tocsurred St. B	Caunty  9, that (!) date and haur and c. DATE SIGNED  altoMd  (Caunty)  Maryland	) (we) las d fram the

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	04901		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAI		
L	W4003		CERTIFICATE OF DEATH		04896
L	(Type or print) Ba	les aeste	SMITH	2a. DATE OF DEATH  APR Month 2	Day 69 Year 2b. HOUR
	MALE	NEGRO	S. DATE OF BIRTH APR	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
CO	b. BIRTHPLACE (State or foreign buntry)  Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S.	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Anne Arunde	
	Annapolis	give street address) Anne Arun	del General Hosp.	UAL OCCUPATION (Kind of work do mast af working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY
13	o. USUAL RESIDENCE (Where de Imissian) STATE Mary 1	ceosed lived, if institution: Residence before	13c, CITY OR TOWN 13d, INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER	153. Solley Road
14	FATHER'S NAME First David	Middle Lost SM I TH	15. MOTHER'S MAIDEN NAME		Lost HOWARD
10	o. WAS DECEASED EVER IN U.S.		NO. 17. INFORMANT CONS	Smith Selection	MB uniell
74	Conditions, if any, which go nise to immediate couse ( stating the underlying cau last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b).		RCONDITION GIVEN IN PART 1(a)	
CEDTICICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES NO [	CAUSES OF DEATHS	SS CONSIDERED IN CERTIFYING
MEDICAL CEL		DEATH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Port	2, Item 18.)
ME	While Nat while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA			Caunty State
l	22a. I certify that (I) saw the deceosed causes stated abo	(this haspital) ottended the deceased alive on ave, (I) (we) (did) (did not) view the	ed fram, 19. 196£, and that in (my) (our) o bady after death.	pinion deoth accurred on the	19 <u>69</u> , that (I) (we) las dote ond hour and from the
	22b. SIGNATURE	- Blobens	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	2c. DATE SIGNED 2 Apr 69
	NAME (Type) She	rman S. Robinson, M		fessional Bldg.,	Severna Park, Md
L	BENOVAL (Specific) 4	4-5-1969 Ba	envertile	23d. La CATION (City, or Town)	Tolly Mile
1	I. FUNERAL DIRECTOR	Beese # PM	19.11/6, PAPR	1 4 1969 25 VIII	KT GNATHE 44C

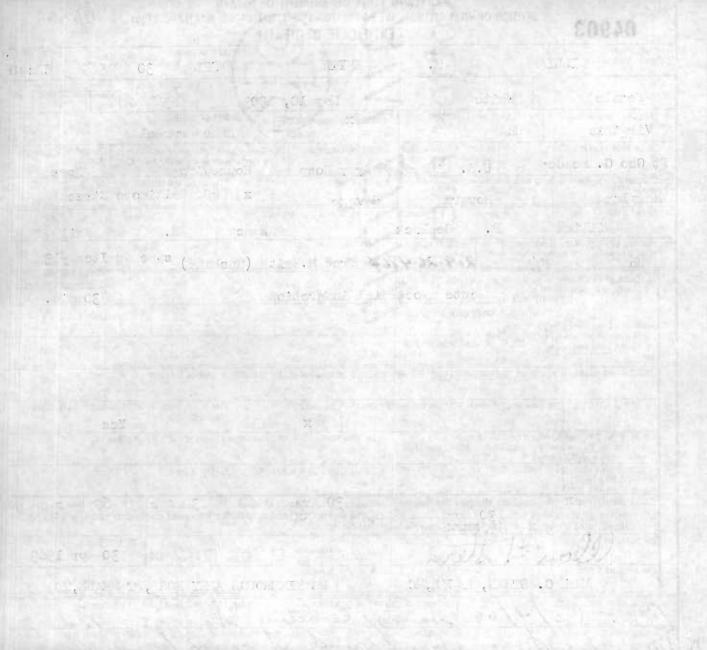
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Item 18 Film 412 4-29-69 MARYLAND STATE	
	RESTON STREET, BALTIMORE, MARYLAND 21201 04895
CERTIFIC	CATE OF DEATH
1. DECEASED-NAME (Type or print) (First Middle	Lost 20. DATE OF DEATH 2b. HOUR
o see see see see see see see see see se	111111 4-22-1969 M
3.55th ale Indeed	S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  S. AGE (In years if under year if under 24 Hrs. Months Days Hours Min.
70. BIZTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED	NEVER MARRIED 9. COUNTY OF DEATH
MIDOMED WILL AND MIDOMED	
WIDOWED  10: CHTVOR TOWN OF DEATH  11. NAME OF HDSPITAL OR INSTITUTION (If n give preet dodress)  12. WIDOWED	of in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life even if repred.) 12b. KIND OF BUSINESS OR INDUSTRY
De dod with the paragraph of the paragra	TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO.
13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 15b. C	
and the state of t	Middle Middle lost
14. FATHER 9 NAME First 4 Middle Lost 15  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Pulm PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Pulm PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Pulm PART I. DEATH WAS CAUSED BY:  19. Conditions, if ony, which gave rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	OFFIRMANT Address Address Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Pulm	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
PART I. DEATH WAS CAUSED BY:	BETTALL COLORS AND DEATH WAS AND DEATH WAS AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gave)  (b)  Aspi	iration pneumonia
rise to immediate couse (a).    rise to immediate couse (b)   DUE TO, OR AS A CONSEQUENCE OF	
Solve De lost. (c) Acut	te alcoholism
to de trise to immediate couse (a).  Stating the underlying cause  Lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
ng the page of the	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INIJIRY 1216. HIS	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The office of the post of the	YES NO CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HO	DW INJURY DCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
S S S S S S S S S S S S S S S S S S S	
The second of th	DCATION Street or R.F.D. No. City or Town County State
c = 0	
ot work of work 1220. I certify that (I) (this haspital) attended the deceased from	-17-69 4-17-69
22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an analysis of the deceased from any saw the deceased alive an analysis of the deceased alive and the deceased from any saw the deceased alive and the deceased from any saw the deceased alive and the deceased from any saw the deceased from	4 that in (my) (qur) apinion death occurred an the date and hour and from the
22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 19 and causes stated abave, (I) (we) (did) (did nat) view the bady after a causes stated abave, (I) (we) (did) (did nat) view the bady after a causes stated abave, (I) (we) (did) (did nat) view the bady after a causes stated abave, (I) (we) (did) (did nat) view the bady after a causes stated abave, (I) (we) (did) (did nat) view the bady after a causes stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the bady after a cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the cause stated abave, (I) (we) (did) (did) (did nat) view the cause stated abave, (I) (we) (did) (did nat) view the	d that in (my) (aur) apinian death accurred an the date and haur and fram the death.
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To street the control of the control	d that in (my) (aur) apinian death accurred an the date and haur and fram the death.  ATTENDING MED. STAFF 22c. PATE SIGNED
22d. PHYSICIAN'S A LLEY  23o. BURIAL CREMATION, 23b. DATE  23c. MAINE OF CEMETERY DR	d that in (my) (aur) apinian death accurred an the date and haur and from the death.  ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. 22c. ADDRESS CALLS OF PHYS. 22c. ADDRESS
Stating the underlying cause (c)  A CUT  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD DEATH BUT NDT RELATED TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TD DEATH BUT NDT RELATED TO  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION	d that in (my) (aur) apinian death accurred an the date and haur and from the death.  ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED PHYS. 22c. ADDRESS CALLBOOK SIGNED

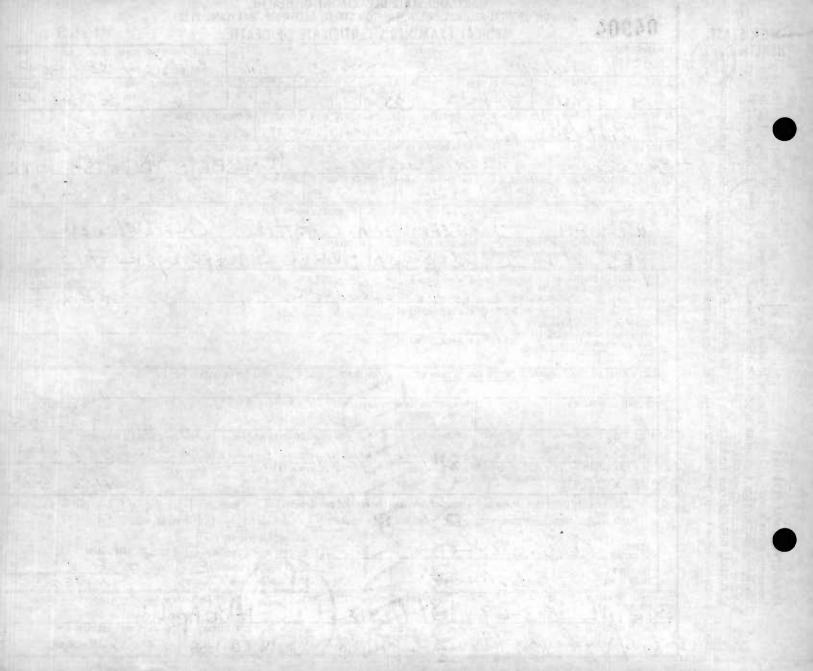
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04897 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR TO OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death (Type or print) LILLIAN M. Month 30 Doy 196 Year SMITH APRIL 17:40 or removal, and in any-event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH in by The Pages 6. AGE (In years IF UNCER 1 YEAR lost birthdoy) Female White May 10, 1903 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH countryirginia USA WIDOWED | DIVORCED | Anne Arundel carbon poper 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Ft Geo G. Meade **INDUSTRY** U.S. Kimbrough Army Hosp Housewife None 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13e. STREET AND NUMBER
606 Baltimore Street 138. COUNTY Howard 13d. INSIDE CITY LIMITS? odmission) STATE Maryland YES NOS Savage 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost William Sealock Nancy E. Reilv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) same as Item #13 219-26-4864 Fred M. Smith (husband) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Acute myocardial infarction 30 min. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES X Yes 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (4) (this haspital) attended the deceased from 30 Arp , 19 69, to 30 Apr , 19 69, that (4) (we) lost sow the deceased alive on 30 Apr 19 69 and that in (my) (aur) opinion death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. 30 Apr 1969 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ALAN G. STERN, MAJOR, MC US KIMBROUGH ARMY HOSP, FT MEADE, MD 230. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOATION (City or Town) (County) (Stote) REMOVAL (Specify) ocharles



1 /	1	MARYLAND STATE DEPARTMENT OF HEALTH	
I SEOD CTATE		04904 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04898
OR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT		DECEASED NAME First Middle Last 2a. DATE KNOWN Manth OF ESTI-	Day Year 2b. HOUR
si to age		WITH ATTI SNEEDINGERING DEATH MATED 4	00 1969 1- M
any delay is 2, and 3 ta PM3. Page spartmert of	3. 5	J. DATE OF DIKTI	Year 49 2d. HOUR
PM.	-	M W 7/28-13 23 YRS.	90 19/ PM
any della	cour	BIRTHPLACE (State, ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED AREA AREA A	(, Co Md
ages h fo	10. (	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
24 hours after death. dr. in Item 18. Give Pages 1, 2 r's Office clang with farm ss land 2 with the State Depris after death.	2	LEN BORNIE give street address. ARUNDEL. during most of working life even it petited.	INDUSTRY OWNER
after 18. Girls 2 with death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmissian) STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER	steet
hours of Item 18. Office all I and 2 wi	14	ATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN, NAME First Middle	
	14. 1	William J. SUFFEINGER O. HETTIE CILE CAL	DUELL Last
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY 10. 17. INFORMANT , ADDRESS	
	- (1	(es, no) genknown) (Hyes give your of apper prince) 215 05 6853 HELEN S. SNEEPINGER	#13
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72	18	V. CAUSE OF DEATH (Enter only one cause per line far (5), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" in ef Medical E issit permit. I vent within	100	MMEDIATE CAUSE (a) GOOVE SELECTION	murse
e ey pen e ey sit p	1	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave	
d b d b d chie Chie		rise ta immediate cause (o), (b)	
shauld be e ne ward "per ta the Chief ! burial-transit		stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
the strain of the noting of the strain of th		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate shauld be irate, writing the ward "p be farwarded ta the Chief d be used as a burial-transi ar remaval, and in any eve	_	THE LEASURE SOMEONE CONDITIONS CONTRIBUTION TO BEATT OF THE RECEIVED TO THE TEXAMINE DISEASE OF CONDITION OF THE IT TAKE 1(0)	
ertii wrijt wan wan sed	ATID	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
ite, e fall	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This certi e certificate, writ shauld be farwar files. 3 shauld be used atrian, ar remava		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manyh, Day Yeor HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2,	
INER: e cert shaul files. 3 shau	MEDICAL	CAUSE OF DEATH CAUSE OF DEATH CONTRACTOR CONTRACTOR	
	W	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)  21f. LOCATION Street or R.F.D. Na. City or Town	County Stote
L EXAM cecute the Page 4 far yaur 'NR: Page 2 or 'nial, crem		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
blease execute the director. Page 4 etained for your DIRECTOR: Page or to burial, cremon to burial, cr		deoth resulted ram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please ey l directar. retained		CHIEF MEDICAL EXAMINER	
TY please real directions and prior to		ACTUAL O tradect 22b. DAT	E SIGNED
Ssary, F funeral ay be r INERAL th pric		EVAMINED'S  DEPUTY MEDICAL EXAMINER   1	31-69
necessary, pl the funeral of 5 may be re 70 FUNERAL I Health prior		NAME (Type)  E. Lieh Arcold  ADDRESS(Street, city, tawn, or county)	AACO.
5 = + 2 5 H	230	BURIAL (REMATION, 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	24	FUNERAL DIRECTOR 1 1 ADDRESS 250, REC'D BY REGISTRAR 1256, REG	SIGNATURE
VR A15ME IS	Pa	1 1 1 1	a Judge
10M REV. 1/68		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4 6



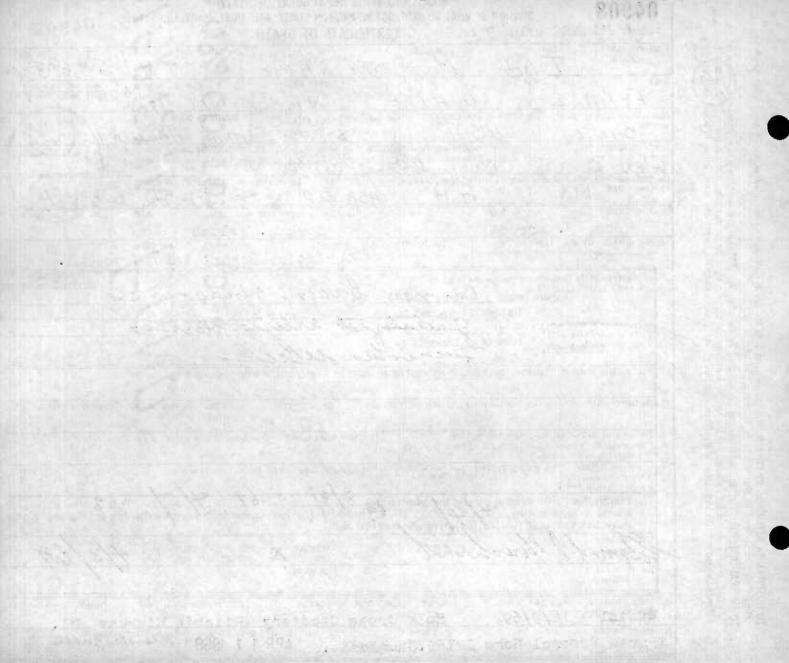
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		.04905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04899
HEALTH DEPT:		DECEASED-NAME / First / Middle Last 2a. DATE KNOWN Month	Day Yeor 2b. HOUR
loy is 1 3 to Poge ent of	(	Type or Print) Noseph, ANDREW SOUKUP - DEATH MATED 4:	27 69 PM
Po Po	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF ONDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
any deloy is 1, 2, and 3 to m PM3. Poge		MONTHS DAYS HOURS MIN MONTH DAYS HOURS MIN MONTH Day	7 Year 1969 1
e Political day		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form to the	cour	MITY) VIRGINIA USA WIDOWED DIVORCED A.A.CO.	Md.
Pag ith Sto	10. (	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
hours offer deoth Item 18. Give Pages 1 Office along with form 1 and 2 with the State p	10	IN TORNIE DON-NORIN. HANGEL.	INDUSIKT
s often 18. Gi olong 2 with deoth.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY LIMITS? 13e. STREET AND NUMBER 13dmission) STATE 13b. COUNTY P P P P P P P P P P P P P P P P P P P	1115
AZ Ce		17. H. CO 1/45 ADENIA 15 1.0 X P. C. 1507	9/3
Item Office offer	[4.]	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
hin 24 miners pages 1 hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	MelKA
		(es, no, or unknown) (if yes give war or dates of service)	AME AS 13
Exon File			APPROXIMATE INTERVAL
urted icol inti:		18. CAUSE OF DEATH (Enter only ane cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xec ndin Med hed		427 9 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	this to
per elief /		Conditions, if any which gove	-EC
The Paragraph of the Pa		rise to immediate cause (o).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
wo wo the the		lost.	
This certificate should be executed will icate, writing the word "pending" in perfect to the Chief Medicol Exon to be used as a buriol-transit permit. File or removal, and in any event within 72	100	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fica hing rdec os os	2		
nis certific tre, writin forward be used or removol,	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
nis of the form	CERTIFICATION	WAS PERFORMED?	YES NO
TY. DICAL EXAMINER: This certify, y please execute the certificate, writh and director. Page 4 should be forwar be retained for your files.  (AL DIRECTOR: Page 3 should be used prior to burial, cremotion, or removo		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Ite	em 18.)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN the 4 sk 2 r fi	×	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, white work white Not white No	County State
DICAL EXAMINER: se execute the certification. Page 4 should insed for your files. ECTOR: Page 3 should burial, cremotion, o		AT WORK AT WORK	
XAL EXECUTE PORT FOR OR:		220. I certify that taok charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apinian
DIC Sse escrounded need need need need need need need	-	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ITY DICA ry, please e eral director be retained RAL DIRECTOR		ACTUAL CHIEF MEDICAL EXAMINER COLORS	
TY, Fy, Faral Se r SAL SAL	7	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	SIGNED / 9
TO DEPUTY EDICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	16	EXAMINER'S NAME (Type)  F L N B R COLF  ADDRESS (Street, city, town, or county)	2011
O DEPU necessol the func 5 moy b O FUNE Health	230		(Courts)
22	230	REMOVAL (Specify)	(Caunty) (State)
	24.	FUNERAL DIRECTOR ADDRESS ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR ATSME (5)	1/7	PRENIEY PUNERAL HOME Glen BURNIF DATAPR 29 1969 Your	les sudge

MARYLAND STATE DEPARTMENT OF HEALTH

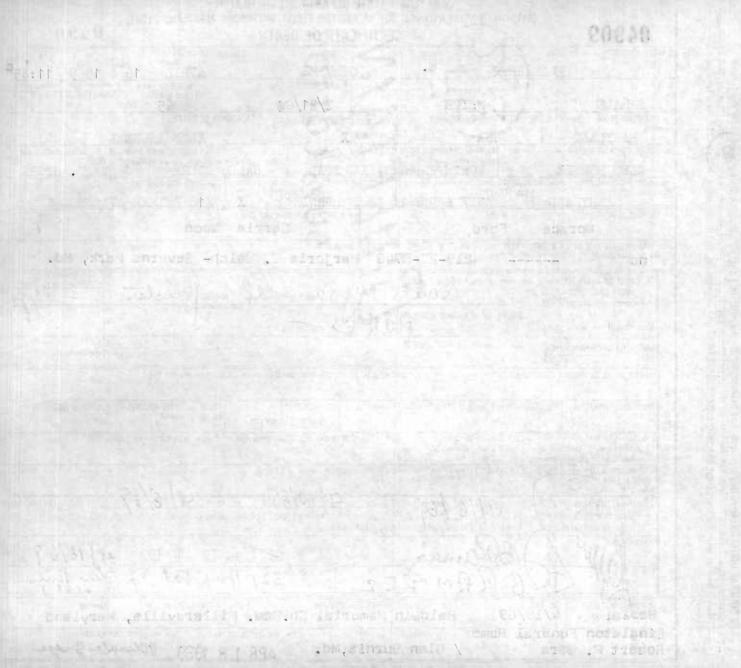
1	04906	DIVISION OF VITAL RECORDS,	O STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		04900
(		Lter Leo	Sovinski	April Month 24 Day	Y 69 Year Zb. HOUR
3. S	Male	4. RACE White	S. DATE OF BIRTH April 27,	1900 6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
cou	BIRTHPLACE (State or foreign only) Ohio	75. CITIZEN OF WHAT COUNTRY? US	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arunde	el Md.
H	city or town of Death erald Harbor	11. NAME OF HOSPITAL OR INS give street address)	e Road Ret	ual Occupation (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY GOV t
Godm	nissian) STATE Md.	ied lived, if institution: Residence before 13b. COUNTY A . A . Co.	13c. CITY OR TOWN 13d. INSIDE CITY Herald HarYES□	13e. STREET AND NUMBER  Kyle Rd.	
	FATHER'S NAME First Michae			Sovinski	Lost
160	no '	var or dates of service) 213-01-8	107Mrs. Bertie	Jane Scollick	Capon Bridge W. Va.
NG	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT COM	ATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR		VnKrom
CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER	YES NOTE		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medicol examin  21d. INJURY OCCURRED 21e.	H HOUR A.M. Month Day Year ner) P.M. 19		er noture of injury in Part 1 or Part 2,	
	22a. I certify that (I) (the saw the deceased a	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.  is haspital) attended the decease live an 15 1' (1) (we) (did) (did nat) view the live (1) (did) (did) (did nat) view the live (1) (did) (di	d from, 19_ and that in (my) (aur) appady after death.	24 7, ta, 19 Dinian death accurred on the do	that (1) (we) last ate and haur and from the
	22d. PHYSICIAN'S NAME (Type) Folia	and G. Skern	22e. ADDRESS	b-ills Md	
24.	BURIAL (REMATION, 23b.)  REMOVAL (Specify)  FUNERAL DIRECTOR  eall Funeral	r. 128-1969/ St Ma	emetery or crematory  ary's Cem.  250. REC'D  St Anna Madate AP	23d. LOCATION (City or Town)  Annanolis, M. BY REGISTRAR 25b. REGISTRAR'S R 2 8 1969	SIGNATURE

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, ,	DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
	O. O. O.
	CERTIFICATE OF DEATH
de ath	1. DECEASED-NAME (Type or print)  First  Middle  Month 4 Doy 5 Year 69 853
offer offer	3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  OCTOBER 1892  6. AGE (In years of last birthday) 6 (ast birthday) 6 (months) DAYS HOURS M
aur dur	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEWS MARRIED (9. COUNTY OF DEATH
24 ho ed in apers.	BALTO, U.S.H., WIDOWED DIVORCED HANE ARUNDE! CO.
be executed within 24 haurs after death and campletely filled in by the Tunyal e remave carban papers. Page and In any event, within 72 hour offer death	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  GIEN BURNIE  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  give street oddress) NORTH ARUNDE during most of working life, even if retired.)  INDUSTRY  12b. KIND OF BUSINESS OR INDUSTRY
amplet ive car event	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b. COUNTY A.A. PASADENA YES NOW TOWN 13d. INSIDE (ITY LIMITS? 13e STREET AND NUMBER PASADENA YES NOW TO FOR A STREET AND NUMBER NOW TO FOR A STREET AND
and camp remave in any eve	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be n din din	Henry F. Brecht Dora M. Welsch
prysicion prysicion en please	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ("I yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Christine Bryant Lake Shore IId.
he death c attending permit. The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)  (b)  CAPPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
quires that t physician. signed by the burial-transit burial, cremat	rise to immediate couse (a), stoting the underlying cause lost.  DUE TO, OR ASA CONSEQUENCE OF Personal Course (c)
w requing phing phisen signifie but the but	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
AN: The law real and are attending icate has been for use as the Health priar ta	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. TIME OF INITIPY.
ICIAN: bital ar tificate d far u af Heal	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year   19
PHYS he has this cel letache bept.	21d. INJURY OCCURRED While Not while at work a
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, cre	220. I certify that (I) (this hospital) attended the deceased from 8/8/, 196/, to 7/5/, 1969, that (I) (we) lo sow the deceased alive on 1969, and thotan (my) (aur) opinion death occurred on the dote and hour ond from the causes stoted above, (I) (we) (did) (did not) view the body after death.
be rethered by the bereing by the be	226 SIGNATURE  226 SIGNATURE  DEGREE ATTENDING MED. DIRECTOR STAFF PHYS.   22c. DATE SIGNED 69
SPITA 4 may NERAL tar, pa	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
TO HO Page TO FUI direct	230. BURIAL, (REMATION, REMOVAL (Specify) 4/9/69 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote)  HOLY Cross Cemetery Ritchie Highway Md
VR A15 (4)	24. FUNERAL DIRECTOR  Krause Funeral Home 12165. Charlesst.  ADDRESS  APR 1 1 1969  250. REC'D BY REGISTRAR'S SIGNATURE DATE 1 1969



	04909	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	04903
1.	DECEASED-NAME First	ZABETH W.	Lost STEVENS	20. DATE OF DEATH Month APRIL 16	Year 1969 11:45 M
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	FEMALE	WHITE	2/21/04	last birthday) 65 YRS.	MONTHS DAYS HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign junity)  MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  ANNE ARUNDET	Md.
1	CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL OR IN: give street address) NORTH ARUNI	OEI, HOSPITAL 12a. US	SUAL OCCUPATION (Kind of work dane most of working life, even if refired.) SALES CLERK	12b. KIND OF BUSINESS OR INDUSTRY DEPT. STORE
130 odi	o. USUAL RESIDENCE (Where decear mission) STATE MARYT.AND	red lived, if institution: Residence before 13b. COUNTY ANNE ARUNDEI	13c. CITY OR TOWN 13d. INSIDE CIT	NO I	VE SE
	. FATHER'S NAME First Horace		15. MOTHER'S MAIDEN NAME	rie Wood	Last
16	yes, no or unknawn) (If yes give v	AED FORCES?  var or dates of service)  16b. SOCIAL SECURITY I 219-22-8	746 Marjorie E.	Welch- Severna P	
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO.	ATE CAUSE (a)  DEFINITIONS CONTRIBUTING TO DEATH BUT N	SHB-	or o	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 2 2 2 3
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Year		No. City or Town	tem 18.) Caunty State
	22a. I certify that (I) (the saw the deceased courses stated above 22b. SIGNATURE	is/haspital) attended the deceositive on (I) (we) (did) (did nat) view the	bady after death.  DEGREE ATTENDING PHYS.	ppinion deoth occurred on the do	te and haur and from the
23	22d. PHINICIANS NAME (1706)  10. BURIAL CREMITION, 23b.  13. BENOT & Calcify)	DATE 23c. NAME OF Baldwin	CE 2 22e. ADDRESS 3 2	m. Millersville,	(County) (Stote)
	Shinag beton Fune Robert P. Ward	eral Home ADDRESS	2Sa. REC'I	D BY REGISTRAR 2Sb. REGISTRAR'S	



	1	-	04910	DIVISION	OF VITAL RECORD		ESTON STREET. B		YLAND 21201		
9		It	em#5&6 Film				ATE OF DEAT			04904	k
<b>≓</b> −5	2'€		CEASED-NAME ype or print)	First	Middle	2 7 7	Last	2a. DATE OF		v	2b. HOUR
dea	dea	,,	Mar Mar	v	D.	S	tevens		Manth Doy	1 9 6 9	7.20%
fer er	iges I and 2 after death.	3. SE	X	4. RACE			S. DATE OF BIRTH		or rior (iii Jours	UNDER TYEAR IF	UNDER 24 HRS.
ors afte	age age		Femal		White		12-12-97	96	72 71 YRS.	Allia DAIS II	JOKS MIN.
iin 24 haur	100	7o. I	BIRTHPLACE (State or foreign	76. CITIZEN O	F WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
24	papers hn /		Maryland ITY OR TOWN OF DEATH	U.S.	Α	WIDOWED	DIVORCED	A.A.C	(Kind af wark dane		Md.
within 24 haurs after death	C E	10. 0	HY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR give street oddress)	INSTITUTION (It na	t in hospital 12o.	USUAL OCCUPATION  a most of working	(Kind at wark dane life, even if retired.)	12b. KIND OF BU: INDUSTRY	SINESS OR
	Q ₹54	120	Glen Burn USUAL RESIDENCE (Where d	ie	North Aru	indel H		tared			
campletely	please remove carbon II, and in any event, with	adm	issian) STATE	13b. COUN		le 13c. CITT OK		NO 31 3	REET AND NUMBEG1e	n Burn	ie, Md
Ze xe	Je Pro	14 6	ATHER'S NAME First	and Midd	A.A.Co	Glen	MOTHER'S MAIDEN NAM	717	Third St	· D.W.	Last
and and	in a		Jame			hiell		orence	Muddle		Bush
ian te	and	16a.	WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SECURIT		FORMANT	or ence	Address		DUSII
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and cample	burial-transit permit. Then please remove carbon burial, crematian, or removal, and in any event, with	Y	es, na, ar unknawn) (1f ye	give war or dates of service	220-14-99	50	Mrs. Doroti	hy Canto,	daughter,	same as	13
ceri ceri	Ther mov			er anly ane cause p	per line far (a), (b), and (	(c).)				APPROXIMATE BETWEEN ONSE	
ath might	r re		1B. CAUSE OF DEATH (Ent	AUSED BY: MEDIATE CAUSE (o) .	AS	141)					NIO PENII
e de	permit. ian, or r		4/23		OR AS A CONSEQUENCE (	OF A	^				
the the	sit p		Conditions, if ony, which o	ave) (b).		Julin	in clem	1			
tha an. by	ran		rise to immediate couse stating the underlying co		OR AS A CONSEQUENCE (	OF				10/03/0	
equires the physician. signed by	burial, cremai		last.	(c)							
phy	bur		PART 2. OTHER SIGNIFICAN	conditions cont	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1(a)		
ding	the ir ta	NOI	10 DATE OF ORFOLKION	101 CONDITION CO.	my	yser	Lee Hironeya	100/ 15	VEC WERE SHIPMES CON	CIDEDED IN CERT	IEVINO
tten as b	Price N	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?		YES, WERE FINDINGS CON OF DEATH?	SIDEKED IN CEKI	IFTING
: Th	S를	ERTI	21o. ACCIDENT WAS UNDE	RIYING 216 TIA	AE OF INJURY	21. HO			y in Port 1 or Part 2, Ite	m 10 l	
lan olo	He		CONTRIBUTING CAUSE	F DEATH HOUR A	A.M. Manth Day Ye	ar	W HAJORT OCCORRED (	cilies naibre or inju	y III FOR 1 OF FUR 2, THE	ni i <b>b.</b> )	
Spirit	t. of	MEDICAL	(If either, natify medical e	21e PLACE OF INII	P.M.  JRY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 1 21f LOC	ATION Street ar R.F.D	No City	or Town	Caunty	State
P.H. his	Dep		While Not while	ZIG. TENCE OF HOSE	OFFICE BUILDING, ETC.	) 211. 200	Allow Sheet di Kirib	, 110.	11/-110	cuonit	31410
NG Per the	ate ate		22a. I certify that (I	(this hospital)	raftended the dece	osed from	3 18/19/1	9 to	1/3/6/	, that ()	) (we) last
Aft Aft	e St						that in (my) (aur)	apinion death	occurred an the date	and haur an	
OR Gine	loor th th			ove, (I) (we) (d	did) (did not) view th	e body ofter d	eath.		1 00 04	Pricolo 3v	
OR A be ret	× × ×		22b. SIGNATURE	MA	(1/anns	Marie	ATTENDING	MED. DIRECTOR	STAFF PHYS.	TE SIGNED	
o li	filed		22d. PHYSICIAN'S	1710	1000000	DEOKY	PHYS. 22e. ADDRESS	DIRECTOR -	PHTS.	1/0)	
mg mg	De D		NAME (Type) Dr	. Jorge	Ramirez			spital	Dr. Glen	Burnie	. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.	directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar ta	230.	BURIAL, (REMATION,	23b. DATE		OF CEMETERY OR C			N (City or Town)		(Stote)
Page	ah.		REMOVAL (Specify)	8 April			Memorial P		n Burnie.	AA.	Md.
	R A15 4		FUNERAL DIRECTOR	100000	ADDRE	22	2Sa. REC	D BY REGISTRAR	S 25b. PERSTRARS 9	CNATURE	2
	A REV. TYSS	1	Kirkley Funer	al Home,	Glen Burn	nie, Md,	DATE	r 9 13	7	00	

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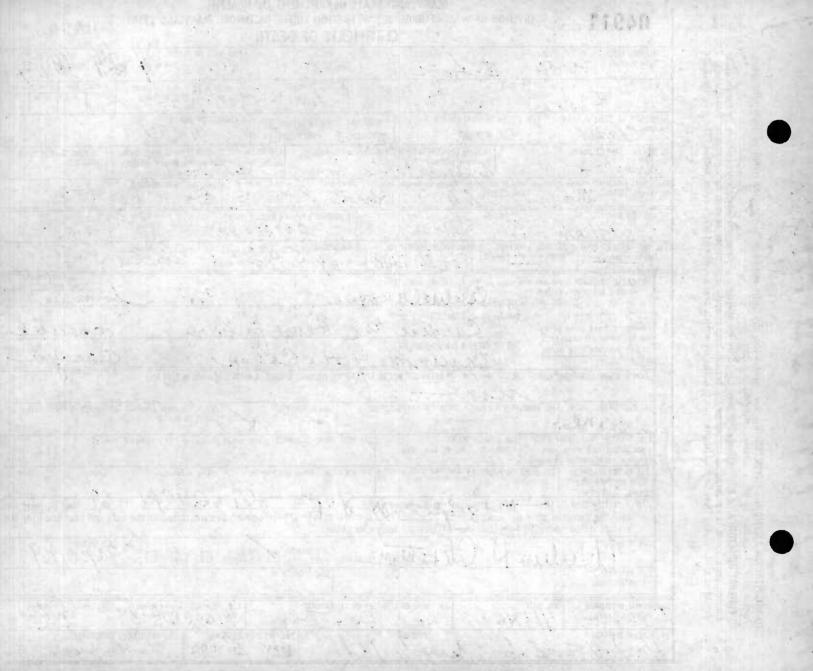
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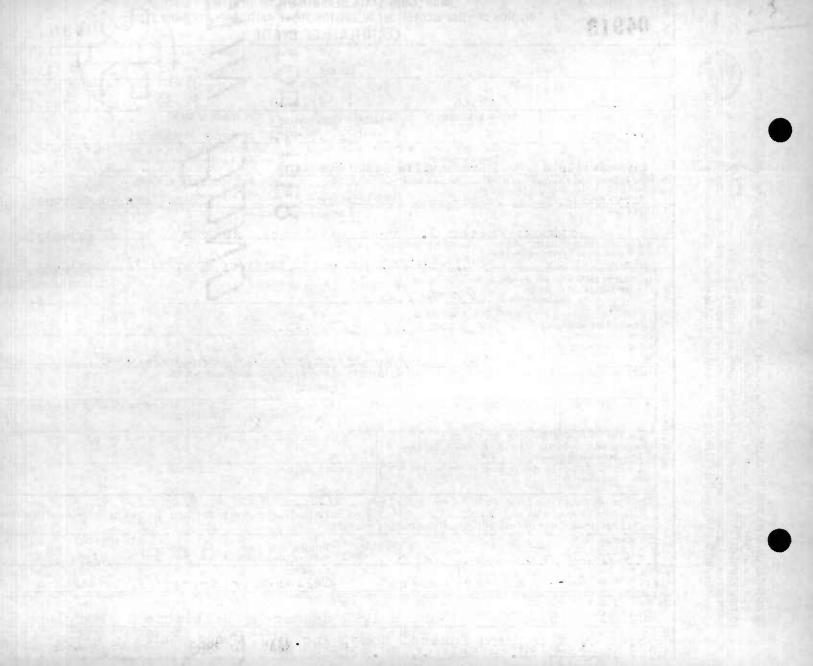
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1			D STATE DEPARTMENT OF		
	04911	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATH		04905
	ECEASED-NAME First Type or print) GRACE	Middle ISABEL	Lost SWEENY	20. DATE OF DEATH Manth	ay 29 Year 69 130 N
3. S	Family	4. RACE white	S. DATE OF BIRTH	24/894 6. AGE (In yeors last birthday)	MONTHS DAYS HOURS MIN.
cau	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH  A A Co	Md
	NNA POLIS	11. NAME OF HOSPITAL OR INS give street oddress)		SUAL OCCUPATION (Kind of work done most of working life, even if retired.	12b. KIND OF BUSINESS OR INDUSTRY
odm	issian) STATE Med	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CI	TY LIMITS? 13e. STREET AND NUMBER	or:470
14.	FATHER'S NAME First	E. Middle DIXON	15. MOTHER'S MAIDEN NAM		WRIGHT
	. WAS DECEASED EVER IN U.S. ARM Yes, no, ar unknawn) (If yes give w	NED FORCES? or or dates of service) 16b. SOCIAL SECURITY N 384-20-76	17. INFORMANT S. PRO	entiss Edgewood	
MEDICAL CERTIFICATION	PART 1. DEATH WAS CAUSED IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CON  190. DATE OF OPERATION 19b. (1)  21a. ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the contribution of the contributio	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT NO  CONDITION FOR WHICH OPERATION WAS PEI  G 21b. TIME OF INJURY  HOUR A.M. Month Day Year	CALL REMAIL  OT RELATED TO THE TERMINAL DISEASE OF  REFORMED 20a. AUTOPSY?  YES NO  21c. HOW INJURY OCCURRED (E	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  COME USER  COME YEAR  CONSIDERED IN CERTIFYING  2, Item 18.)
	While at work at wark  22a. I certify that (I) (this saw the deceased at causes stated abave 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	s hospital) attended the decease	ed from 7 (1) 19	med. DIRECTOR STAFF PHYS.	9 69, that (I) (we) last date and have and fram the DATE SIGNED 1969.
230	BURIAL, CREMATION 23b. I	DATE 123/69 23c. NAME OF LER	CEMETERY OR CREMATORY  - Crama Roug	23d. LOCATION (City or Town)	(County) (Stote)
24.	FUNERAL DIRECTOR	Offorce ANNAPOLIS	Md 250. REC'	by registrar 25b. registrar 5 1969	



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04912 04906 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Month 23 Doy April PERCY WILLIAM TOLIVER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR 1E LINDER 24 HRS last birthday) 16 May 1919 Male Negro signed by the ottending physician ond campletely filled in by the burial-tronsit permit. Then please remove carbon popers. Pagburial, cremation, or removal, and in any event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXNEVER MARRIED 9. COUNTY OF DEATH USA WIDOWED [7] DIVORCED Virginia Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Kimbrough Army Hospital during most of working life, even if retired.) Ft. Meade 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔽 NO T Raltimore 2418 Lovela North Way Md 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Lost Middle Last OR ATTENDING PHYSICIAN: The law requires that the death certificate be Toliver Minnie Jacobs Albert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mary Toliver (wife) 577-24-7788 Same 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hodgkin's Disease IMMEDIATE CAUSE (a) 9 months DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the t f Health prior to b 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO F Yes 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year detached fr te Dept. of I (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work of wark 22a. I certify that (‡) (this haspital) attended the deceased fram 4 Jan saw the deceased alive on 23 Apr 1969, and that in (MV) (aur) apinion death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (ve) (did) (eid and) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PMYSICIAN'S NAME (Type) 22e. ADDRESS Kimbrough Army Hospital Ft. Meade John J. Rothschild. Maj MC 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 169 Arlington National BREWGVA Topecify) April 28 Arlington, Va. 24. FUNERAL DIRECTOR Howard County Funeral DRESS Ellicott Cityso. REC'D BY REGISTRAR VR A15 (4) 45M - 1/69 Home of Harry Witzke ARR 29 1969 Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04908 04914 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 2o. DATE OF DEATH 2b. HOUR death. (Type or print) 1040 uci UC be executed within 24 hours after 3. SEX RACE 6. AGE (In years S DATE OF RIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) HOURS female canc. Oct. 15, 1880 88 YRS papers. P 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (auntry) .⊆ WIDOWED TO DIVORCED F Maryland USA Anne Arumiel completely filled Md. Within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY remove carbon Anna polis Anne Arundel General own home and in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY Arundel YES NO 124 N. Wood lawn Ave. Annapolis 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle and George Aisquith Ireland Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT NAddWoodlawn Ave. ottending physic permit. Then ple Yes, no, or unknown) (If yes give war or dates of service) Annapolis, Md. cremotion, or removal, ne 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) requires that the death DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove? rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Poge 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased fram 4/13 , 1964, ta 4/17 , 1964, that (1) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 226 SIGHTLYHIR 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS 23o. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOVAL (Specify) April 19.1969 Hope Chapel Cemstery Edgewater Md. 25b. REGISTRAR'S SIGNATURE 24B BYEAR DIE GORE Hopping 2So. REC'D BY REGISTRAR HOPPING FUNERAL HOME - Annapolis, Md/ 30M REV.

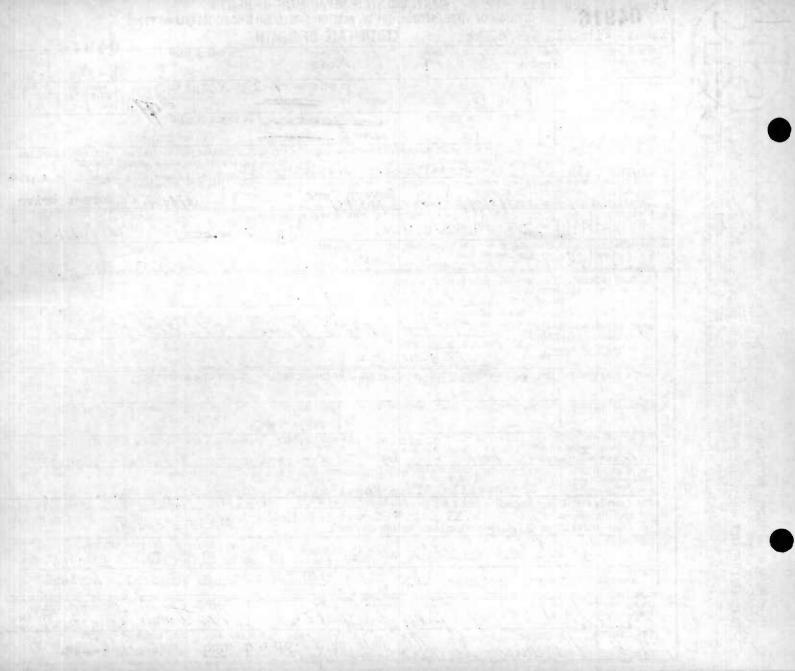
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1	eral and 2 Seoth.	1. D	ECEASED-NAME First Type or print)  ALONZO	Middle	TIII.	Lost	2a. DATE	Manth Day	69ar	2b. HOUR 7: 350 M
	executed within 24 hours after death  def completely filled in the the true eral eradove corbon papers. Pocs 1 and 2 any event, within 72 hours anacteoth	3. 58		4. RACE WHITE	TOLL	S. DATE OF BIRTH 5-10-05		6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	4 hours		BIRTHPLACE (State or foreign ntry) Maryland	b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY (	- 1727	).	Md.
	within 24 bon paper within 72		CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL O	NORTH AR	UNDEL	ing most of werking	ON (Kind of work dane life, even if retired.)	12b. KIND OF E	
	physician and completely for processing and in an area of the corporation and in any event, with any event, with	adm	USUAL RESIDENCE (Where deceased issian) STATE Maryland	13b. COUNTY	XXXXXX	ANDMAE YES	NO T	STREET AND NUMBER ROMPSON AVE.	Sever	h)DIE
	cian and cose remo		FATHER'S NAME First Samuel	Middle Lo		S. MOTHER'S MAIDEN N		Middle Dishroom		Last
	physicio physicio en pleo avol, an	16a.	no	or dates of service) 220-44-	0747 L	NFORMANT Duella V.	Tull-	Address Address	ADDDOVIA	MATE INTERVAL
	at the deoth ce the attending sit permit. Th motion, or rem		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED FIMMEDIATE Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDI	BY: E CAUSE (a)  DUE TO, OR AS A CONSEQUENT  (b)  DUE TO, OR AS A CONSEQUENC  (c)	E OF	granding UNTER	Hest .	VEN IN PART 1/01	BETWEEN OF	SET AND DATES
	ATTENDING PHYSICIAN: The low requires the retained by the hospitol or ottending physicion. ECTOR: After this certificote has been signed by should be defacthed far use os the burial-tronwith the Stote Dept. of Health prior to burial, crewith the Stote Dept.		19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION W	AS PERFORMED 21c. H	20a. AUTOPSY?	NO 20b.	IF YES, WERE FINDINGS CO SES OF DEATH?		RTIFYING
	by the hospitol by the hospitol (ter this certific be detached to Stote Dept. of H	MEDICAL	at work of work 22a. I certify that (1) (this	haspital) attended the dec	19 21f. Li	June	1968, to_	ity or Town	County	State (i) (we) last
•	OR AIRECT		sow the deceased aliv causes stated obove, 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ve an (I) (we) (did) (did ot) view	the body after	deoth.	MED. DIRECTOR		PATE SIGNED	69
	TO HOSPITAL Poge 4 may b TO FUNERAL D Girector, poge should be file	230	Burial, CREMATION, REMOVAL (Specify) 23b. DA REMOVAL (Specify) 4/1 Burial FUNERAL DIRECTOR FUNERAL DIRECTOR	ATE 23c. NAM 15/69 G1	e of CEMETERY OR en Havel	(REMATORY n Memoria	1 Pk. G1	TION (City or Town) en Burnie,N		(State)
	VR A15 (4) 30M REV. 1368	245		al Home/Glen <sup>AM</sup> Ware	RESS Jurnie, M	DAA	PR 1 4 19	25b. REGISTRAR'S	SIGNATURE	ge :

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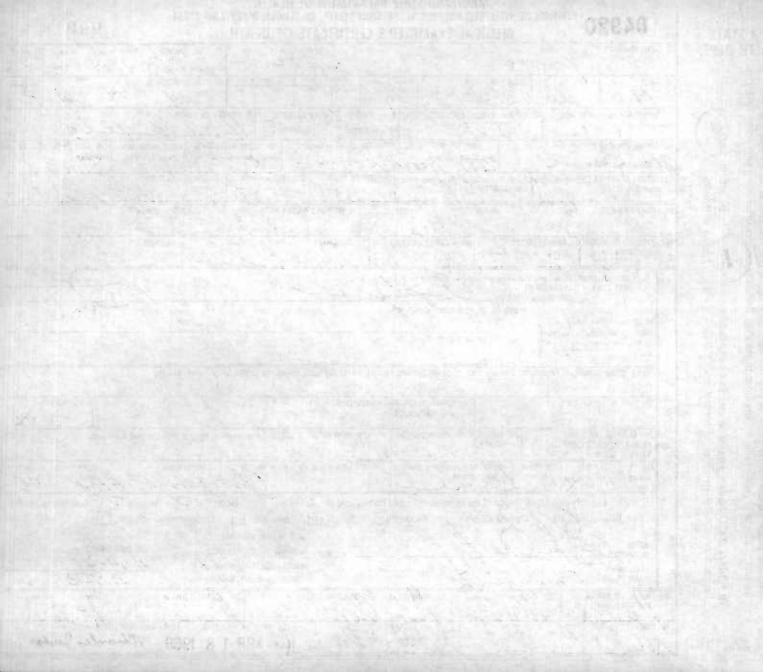
1	It	14916 ceml3 Film	DIVISIO	N OF VITAL RECORDS	CERTIFICATE OF D	ET, BALTIMORE,	MARYLAND 21201		
	i. Di	CEASED-NAME type or print)	First Susan	Middle T	Voss		TE OF DEATH  Month  Do		2b. HOUR
		Female_	4. RACE	White	S. DATE OF BIRT	119-23-89	6. AGE (In years last highday)	IF UNDER 1 YEAR MONTHS DAYS	9:30a Min.
	cour	SIRTHPLACE (State or fo try) unlenown- ITY OR TOWN OF DEATI	1.7.	US	WIDOWED A LAPINOPE		Y OF DEATH AnneArundel		Mc
		Crownsvill	e	give street address Crownsville institution: Residence before	NSTITUTION (If not in hospitol State Hospital	during mait of war	TION (Kind of work dane king life, even if retired.)	12b. KIND OF	BUSINESS OR
2	odmi	ssion) STATE  Maryland  ATHER'S NAME   Fir	13b. (0)	UNITY  KÓNWO A A  Lost		YES NO	e. STREET AND NUMBER 27	Sunset	Drive
-		WAS DECEASED EVER IN	unknown	McQuill	EN M		Middle Address	MAR	RIN
-	Y	es, no, or unknown	les give war or dates of ser	unknown	Hospital	Records,	Crownsville,		nd MATE INTERVAL
		PART I. DEATH W.  4 / 2 / 4  Conditions, if ony, whi rise to immediate ca stoting the underlyin	AS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  ich gave)  use (a),	D) DILLO D, OR AS A CONSEQUENCE OF TO A COLOR D, OR AS A CONSEQUENCE OF	monia	nus	nech	BETWEEN OF	NSET AND DEATH
					NOT RELATED TO THE TERMINAL C	DISEASE OR CONDITION (	GIVEN IN PART 1(a)		
	RTIFICA	19a. DATE OF OPERATION		OR WHICH OPERATION WAS P	YES 🗀	NO 💭	b. IF YES, WERE FINDINGS USES OF DEATH?		RTIFYING
	MEDICAL	21a. ACCIDENT WAS UP or contributing Caca (If either, notify medic 21d. INJURY OCCURRED	USE OF DEATH HOUR of examiner)  2 1e. PLACE OF IN	PM// Month Day Yeo	21c. HOW INJURY OCCUR 69 No accid ACTORY,) 21f. LOCATION Street of	dent rene	injury in Part 1 or Part 2,  rt done(Pai  City or Town		p) State
		While Not while 22  220. I certify that saw the dece causes stated	Crown	nsville Stat	te Hospital	Crow	nsville A  4/25 , 19  th occurred on the deturnal cause	A. M	ld.
		22b. SIGNATURE 22d. PHYSICIAN'S	Uy.	vyilles	DEGREE PHYS.	MED. DIRECTOR		DATE SIGNED	9
2	3a.	NAME (Type)  BURIAL CREMATION,  REMOVAL (Specify)	23b. DATE	onzalez, M.D.	CEMETERY OR CREMATORY	23d, LOL	ATION (City or Town)		(State)
2	4.	Object S. L	Panana	Secre	1 0 25	io. REC'D BY REGISTRA RTP 2 9 196		SIGNATURE	1



1	04917	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	04911
burial-transit permit. Then please remave carbon papers. Pages 2 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death.	DECEASED-NAME First		Last	20 DATE OF DEATH	2b. HOUR
	(Type ar print)	rence	Walker	Month Do	20 69 9:00p
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	6/13/9	( lost bhehday)	MONTHS DAYS HOURS MIN
		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
CC	auntry) EM PORID VI	US	WIDOWED DIVORCED	Anne Arundel	Md.
10	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	STITUTION (If nat in haspital during	mast of working life and if rating	I2b. KIND OF BUSINESS OR INDUSTRY  ER  tarle  dle  Lost  HUBRARD
	Crownsville	Crownsville	State Hospital	10 to the state of	JOUNDKY
ad	o. USUAL RESIDENCE (Where deceo Imissian) STATE Maryland	sed lived, if institution: Residence before	Tac. CITT ON TOTAL	NO 44 Albermar	1 <sub>e</sub>
14	I. EATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME		Lost
1	BENJAMIN	TRANKLIN WAL	KSR TULLIE	unknown	HUBBARD
16	AN WAS DECEASED EVED IN IIS AD		NO. 17. INFORMANT	Address	
	ves ves	225-12-1	.344 Hospital Rec	ords, Crownsville	
	1B. CAUSE OF DEATH (Enter or	nly ane couse per line for (a), (b), and (c)	La adii 1	1.00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	arend of	yarun	
	4109	DUE TO, OR AS A CONSEQUENCE OF	1. 1000	V and	
Г	Canditions, if any, which gave rise to immediate cause (a),	(b) 10000	algel all	modellose,	
	stating the underlying couse last.	DUE TO, OR AS O CONSEQUENCE OF	menay Em	physerna	
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
3	Silie	I Juheren	ersis - Sia	iline	
CEDTIELCATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES \ NO \	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
			21c. HOW INJURY OCCURRED (En	nter nature af injury in Part 1 or Part 2,	Item 18.)
MAEDICAL	OR CONTRIBUTING CAUSE OF DEA				
AAET	21d. INJURY OCCURRED 21e While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FA		Na. City or Town	County State
	at work at work		1/2		
	22a. I certify that (I) (the	is haspital) attended the decease live an e, (I) (we) (did) (did nat) view the	ed from 4/18 , 19	by, to 4/20 , 19	ate and hour and from the
	cousenstated abav	e, (I) (we) (did) (did nat) view the	bady after death.	ipinian death accurred an the a	are and nour and fram the
	22b. SIGNATURE	17/10/10	111 0	22c.	DATE SIGNED
	Mull	es Il egge	DEGREE PHYS.	MED. STAFF PHYS.	4/21/69
E	22d. PHYSICIAN'S NAME (Type) Char		22e. ADDRESS	11 0 11 11 - 14 -	1 Manual and
	Char	les,R. Venter, M.D.	Crownsvi	11e State Hospita	i, Maryrand
23	3a. BURIAL, CREMATION, 23b, REMOVAL (Specify)	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
24	4. FUNDRAL DIRECTOR	ADDRESS	NA 250. REC'D	BY REGISTRAR 2Sb. REGISTRAR	
K	John 101. 4/9/6/	gais lungolo, 1.	LOC. DAM!	20 1303 1303	las Judge.

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		MARYLAND STATE DEPARTMENT OF HEALTH	
15		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04914
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04914
HEALTH DEPT.		ECEASED-NAME First Middle Losty 20. DATE KNOWN Month Type or Print)	Doy Yeor 2b. HOUR
lay is 1 3 to Page ent of	L'	Type or Print) Teo-ge T White DEATH MATED 4	14 184 PM
Pa Pa ent	3. S	to the total and the second se	2d. HOUR
ny delay is 2, and 3 to PM3. Page		Month 4 Doy /5	Year 49 N
57		BIRTHPLACE (State or foreign   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	. 1
farm farm	coun	11y) N.Y USA WIDOWED DIVORCED More Chrende	e Co M
age age the f	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
be will de	2	en Durine give street address) OR 1h. AR unde /. during host at working life even if retired.)	INDUSTRY ATE ME
fter Giv		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	0 0
24 haurs after death in Item 18. Give Pages 1, r's Office along with farm is land 2 with the State Pages ins after death.	0	dmission) STATE Md 13b. COUNTY A FEVERNA PK YES NO X 482 Whate	Coda Lane
haur Item Office I and 2	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		James Whele Elgebeth Kto	my
thin 24 moet's moet's pages hours		WAS DECEASED EVER IN O.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT OF ADDRESS	- Q
within pencil campe de pag	()	(es, no, or unknown) (11 yes give major dates also nice) 114223156 Bellin Whele - a	Elve
ecuted within personal Exemples of the second		1B. CAUSE OF DEATH (Enter only one cause per line for (0), (b), and (c).)	APPROXIMATE INTERVAL
ute ical init		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Med Wed		958 X IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	120
pe e e e e e e e e e e e e e e e e e e		Conditions, if ony, which gove	renden
nauld be execute word "pending" the Chief Medica rial-transit permit		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne word "pending" is to the Chief Medical burial-transit permit		lost.	
ate shi g the v ed ta t s a bur and in	115	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
. G G G .		TANK 2. OTHER SECURIOR CONTINUES TO BEATH OUT HOT RESIDENCE TO THE PERMITTER DISEASE OR COMMITTER HE TARK TO	
This certificate, writing a farward be used a farmaval,	MEDICAL CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
far v far v	FICA	WAS PERFORMED?	YES NO
Thi icati be d be ar r	CERT	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	
INER: The certific shauld be files.  3 shauld as shauld bashauld shauld	3	PRIMARY OR CONTRIBUTING HOUR AM	1011
	WED	CAUSE OF DEATH  21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	1	WHILE NOT WHILE foctory, office boilding, etc.)	200 MA
0 5 0 6		AT WORK LIAT WORK AT WORK AT WORK LIAT WORK LI	7190 119
ICAL E exect tar. Pa far CTOR: buriol,		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	
ase rectoring and rectoring an		death resulted from: Notwal causes , Accident , Suicide , Homicide , Undetermined manner	
pleo dir eta DIII		ACTUAL CHIEF MEDICAL EXAMINER	CICHED
		SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE  PYAMINEP'S  DEPUTY MEDICAL EXAMINER  4-14	
fun fun EP		CAMINITERS /	ACO.
TO DEPUTY DICA necessary, please e. the funeral director 5 may be retained for FUNERAL DIRECT Health priar to bu	230	BURIAL, CREMATION, 23b. DAJE / 23c. NAMY OF SEMETERY OR CREMATORY ) 23d. MORATION LIGHT TOWN)	
= = = = = = = = = = = = = = = = = = = =	230	REMOVAL (Specify) 1250. DATE 250. NAME OF EMELER OF CREMATORY TOWN)	(Coony) (Stote)
	21	FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15ME	1		mes Judge
10M REV. 1/08	/	onus jamane, severe in interior 1 10 1000 1	7 7



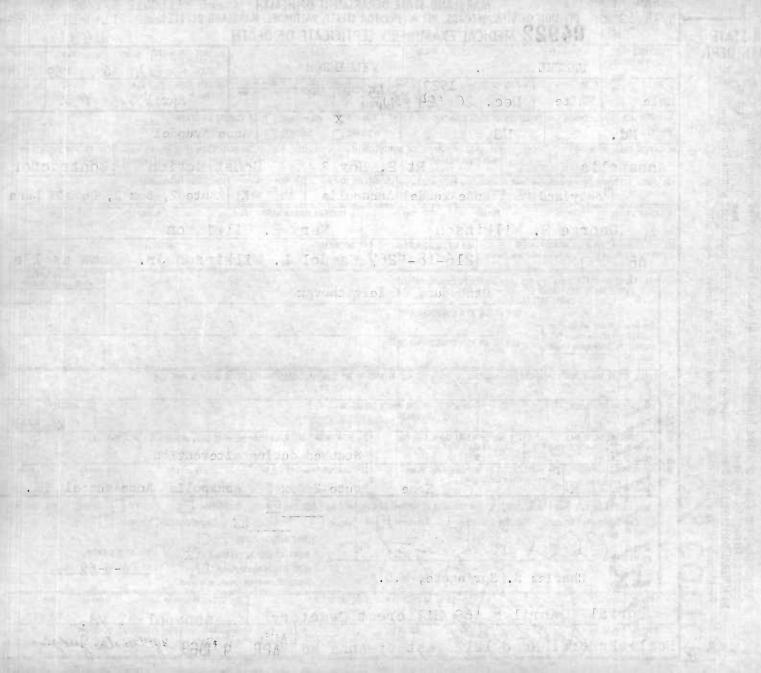
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	It	14/69 kk cem13		04921			ATE OF D					0491	5
1.		CEASED-NAME vpe ar print)	Pirst Demoz	eļ.	Middle A •	Wh	Lost		2a. DATE OF	Manth		69 Year	2b. HOURD
3.	. SE)	emale		4. RACE Whi	te		S. DATE OF BIRT 8-10-9	# 1889	9	6. AGE (In y last birtho	ears ay) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70	a. B	RTHPLACE (State or live) Lithiuans	fareign 2.	7b. CITIZEN OF V		8. MARRIED WIDOWED	NEVER MARRI	נט	COUNTY OF	DEATH ne Arun	ndel		M
, 110	0. CI	TY OR TOWN OF DEA	TH	11. I give	NAME OF HOSPITAL OR street address) North Ar	INSTITUTION (If nundel	at in haspital	12a. USUAL during mas none	OCCUPATION t af warking	(Kind of wa	rk done	12b. KIND OF INDUSTRY	BUSINESS OR
13	3a. I dmis	USUAL RESIDENCE (W sian) STATE	here decease	ed lived, if institu	ution: Residence before  Arundel	re 13c. CITY OR		d. INSIDE CITY LIMIT YES. NO	TS?   13e. ST	REET AND NU.	MBER 1	Rd.	
14	4. F/	ATHER'S NAME 1	First	Middle	losi Arlauska	15	. MOTHER'S MAIL	DEN NAME Firs	it	1	Middle		Last
1	6a. Ye	WAS DECEASED EVER or unknown)	IN U.S. ARM	ED FORCES? or ar dates of service)	16b. SOCIAL SECURI 370-2€		NFORMANT 1rs. 01	ga Glo	zer(D		ddress		
		18. CAUSE OF DEAT PART I. DEATH	H (Enter anl WAS CAUSED IMMEDIA	γ ane cause per   BY: TE CAUSE (a)	line for (a), (b), and	(c).) eerd	ial	m	are	lida		APPROXIA BETWEEN O	MATE INTERVAL NSET AND OEATH
		Canditions, if any, was to immediate	yhich gave)	DUE TO, OR	AS A CONSEQUENCE	- (84)	,						
		stating the underly		DUE TO, OR	AS A CONSEQUENCE	OF							
	Z.	PART 2. OTHER SIGN	IFICANT CON	DITIONS CONTRIB	OTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL I	DISEASE OR CO	NDITION GIVE	N IN PART 1(c	1)		4
2111717117	CERTIFICATION	19a. DATE OF OPERATI	ON 19b. (	CONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUTOPS	NO 📝		YES, WERE F OF DEATH?	NDINGS C	ONSIDERED IN CE	RTIFYING
	¥	21a. ACCIDENT WAS OR CONTRIBUTING Official Contributions (If either, natify med	CAUSE DE DEATH	HOUR A.M.	Manth Day Ye	21c. H	OW INJURY OCCUI	RRED (Enter r	nature af inju	ry in Part 1 a	r Part 2, 1	Item 18.)	
200		21d. INJURY OCCURR While Nat while	RED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LO	OCATION Street	ar R.F.D. Na.	City	ar Tawn	1/1	Caunty	State
		220. I certify the saw the de	ceased a	ive an	tender the dece	_19, on	d that in (my)	6, 19 (our) opini	, ta ian death (	occupred or	the da	that and haur	(I) (we) la and fram th
		22b. SIGNATURE	X	J. B.	Rame	ey DEGI	ATTENDING PHYS.	DIR	D. ECTOR	STAFF PHYS.	22c.	DATE SIGNED	7/68
		22d. AHYSICANS NAME (Hype)	1	irez, M.		8	22e. ADDRE		Hype	1910	21:	Blir	7061
		BURIAL, CREMITION,		O/69	HOLY		Cemete:	ry	Detro			(Caunty) Mic	(State)
2	24. 1 Si	ngleton	FUNET	al Home	ADDR e/Glen Bu			Sa. REC'D BY	REGISTRAR 9 196		GISTRAR'S	SIGNATURE	ee. "

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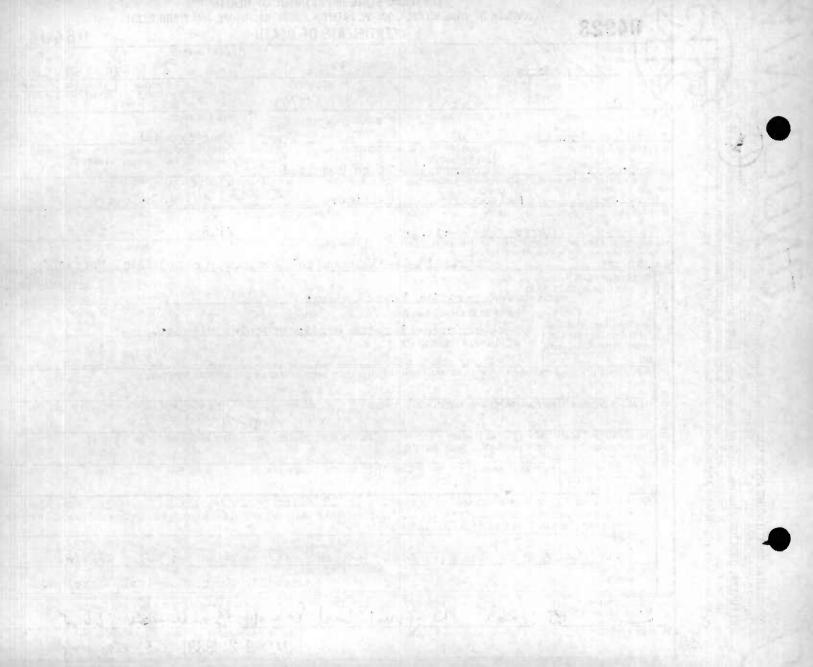
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	4/14/69 1	ck DIVISION	OF VITAL RECORDS, 3	01 W. PREST	ON STREET, BAI	LTIMORE, MAI	RYLAND 21201I	tem2 Fi		5/8/69
FOR STATE		11492	MEDICAL EXA	MINER'S	CERTIFICATE	OF DEAT	TH	65	04916	
HEALTH DEPT.	DECEASED-NAME     (Type or Print)				Last		2a. DATE KNOW	N Month	Day Year	2b. HOUR
S S S S							DEATH MATE	- Land top	6 1969	N
9	3. SEX		_/-	last birthdbit	MONTHS DAYS		AL DAIL INDITO		V	2d. HOUR
	Male	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201Ttem2 FilmG12 5/8/69  MEDICAL EXAMINER'S CERTIFICATE OF DEATH    Column								
form form te Dep	7a. BIRTHPLACE (Statements) Md.		US	w	DOWED DIV	VORCED 🔲 A		el		Mr
	10. CITY OR TOWN			.\			L OCCUPATION (Kind of	of work dane		
the the	Annapo			nu 2,					Contra	ctor
	13a. USUAL RESIDE	NCE (Where deceas	ed lived, if institution: Reside	nce before 13c. Cl	TY OR TOWN		TOUT DINEEL MILE			
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hours Item 1 Office I and 2	14. FATHER'S NAME				The second secon				Las	1
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within 24 pencil in xaminer's, ile pages 72 haurs	(Yes, na, ar unkno					T 7474			Come	120
with per Exam Exam File	no				Samuel	TI. WT	IKINSON	Jr.		
be executed "pending" in itef Medical Es ansit permit. Fi event within	18. CAUSE O	DEATH (Enter onl	y ane cause per line far (a), (b	a), and (c).)	ft thoras					
e execut pending ef Medic isit perm	91	IMMEDIA	TE CAUSE (o)		ert thoras	Λ.				
e ex oend f M f M sit p	Conditions if	ony which gave	DUE TO, OR AS A CONSE	QUENCE OF						
d be d "l Chie rran y ev	rise to imme	diate cause (a), (	(b)	OHENCE OF						
ault wor the ial-		inderlying couse	DUE TO, OR AS A CONSE	QUENCE OF						
sh he ta		CICALIFICANT COND.	(c)	U DUT NOT DELATE	D TO THE TERMINAL	DISCLES OF SOUR	NT (01) 04 (51) 11 0 10 7			
certificate shauld writing the word orwarded ta the Ch used as a burial-tra maval, and in any	PART Z. OTNER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEAT	n BUI NOI KELAIE	D TO THE TERMINAL	DISEASE OK CONF	JITION GIVEN IN PART	1(0)		
rriffi rritii varq ed c ed c	190. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH C	PERATION				20 AUTOPS	(?
forv forv emc emc	IFICA									
ER: This certificate, auld be fa	210. EXTERNAL	CAUSE WAS	21b. TIME OF INJURY Mont	h, Day, Year	21c. HOW INJURY O	OCCURRED (Enter r	nature af injury in Poi	rt 1 or Port 2. 1		
= = =	PRIMARY X	OR CONTRIBUTING	HOUR A.M.							
Sh fill a sh nat	21d. INJURY O	CCURRED 21e. F	LACE OF INJURY (At hame, far	m, street,					Caunty	State
CAM e the aur aur age cren	WHILE AT WORK	AT WORK TO	tory, affice building, etc.)	Home	Route 2	Box 3	Annapolis	Anne	Arunde1	Md.
EX ecut Pag ar y ar, a										
bical Examiner: please execute the certi director. Page 4 should retained for your files. DIRECTOR: Page 3 shou or to burial, cremation,										, opinian
dine to to		00	0	, ,				100 111011101		
de la	ACTUAL	( lear	1000	gul			_	22b. DATE	SIGNED	
any any			0	1	111.17.			4-	6-69	
O DEPUT) necessary, the funero 5 may be 0 FUNERA	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART L DEATH WAS CAUSES BY:   MANCDIATE CAUSE. (c)   Stabwound of left thorax									
To 10	23a. BURIAL, CREM						23d. LOCATION (City of	ır Tawn)	(County) (S	tote)
		/ //	ril 8 '69 /H	lillcres	st Cemet	cery	Annar	olis	Md.	
^		TOR /	1) Dealit	ADDRESS		2So. REC'D BY	REGISTRAR 2SI	b. REGISTRAR'S		
VR A15ME (5) 10M REV. 1/68	Beall F	uneral	Home 121/2 W	est St	Anna Md	DATAPR	9 1969	Cliar	to Justo	in a



1			DIVISION O	F VITAL RECORDS.	301 W. PR	ESTON STREET, BAL	HEALIH TIMORF MA	RYLAND 2120			
The last		04923				ATE OF DEATH	······································	INTERIO ZIZO		064	404
death.		DECEASED-NAME Fire (Type or print)		Middle	7727	Last	2a. DATE O	F DEATH Manth	<sup>Day</sup> 28	Yegr 69	2b. HOUR
the funeral ages: 1 and rafter death	3.		erry 4. RACE			liams S. DATE OF BIRTH		6. AGE (In years	IF UND	ER 1 YEAR	10:30
haursa		Male		Negro		6/5/03		last birthday)	RS. MONTHS	DAYS	HOURS MIN
DELL'A CHILLIAN SILLIAN SILLIA	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH			
	N	orth Carolina		US	WIDOWED	DIVORCED	Anne	Arundel			M
00		Crownsville	giv C:	NAME OF HOSPITAL OR IN: e street address) rownsville	State 1	Hospital during n	JAL OCCUPATION	N (Kind of wark da plife, even if retired	ne 12b	. KIND OF DUSTRY	BUSINESS OR
31	1 adr	n. USUAL RESIDENCE (Where decen nission) STATE Maryland	osed lived, if instit 13b. COUNTY Balto	ution: Residence before	13c. CITY OR 1	wee for	100	TREET AND NUMBER	berry	7	
į	14.	FATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME		Middle			Lost
1		J	erry	William		5 1,50	Ella		Da	vis	
		1. WAS DECEASED EVER IN U.S. AF	RMED FORCES? war or dates of service)	16b. SOCIAL SECURITY I		FORMANT		Address			
	-	unknown		241-10-42		ospital Reco	ords, Ci	cownsvill	e, Ma	ryla	nd
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	FD RY.							APPROXIA BETWEEN OF	MATE INTERVAL NSET AND DEATH
		IMMED	NATE CAUSE (a) CO	ngestive h	eart fa	ilure					
	1	Canditions, if any, which gave	DUE TO, OR	AS A CONSEQUENCE OF					4		
		rise ta immediate cause (a).	(0)		erotic	cardio vasc	ular di	sease.			
		stating the underlying cause	DUE TO, OK	AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN DART 1(a)			
	-			DOT AL	OT KEENTED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(0)			
)	CERTIFICATION	190. DATE OF OPERATION 196	o. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?  YES NO T	A CALICE	YES, WERE FINDING OF DEATH?	S CONSIDER	RED IN CE	RTIFYING
		210. ACCIDENT WAS UNDERLY	ING 21b. TIME (		21c. HOV	V INJURY OCCURRED (Ente		ry in Part 1 or Port	2. Item 18	1)	
	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M.					,	_,	.,	
	MEI	21d. INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY			ATION Street at R.F.D. No	ı. City	ar Tawn	Caur	nty	State
		22a. I certify that (I) (t)	his haspital) at	tended the decease	ed fram	12/11/68 19	, ta4	4/28	1969	, that	(I) (we) las
		saw the deceased of causes stoted above	alive an re, (I) (we) (did	) (did not) view the l	9_69, and body after de	thot in (my) (our) ap eath.	inion deoth	accurred on the	date and	d hour o	ind from the
		276. SIGNATURE	107/	. T s.	, )	ATTENDING   1	MED.	STAFF	2c. DATE SI		
		22d. PHYSICIAN'S	16.01	ucy M	DEGREE	PHYS.	MED. DIRECTOR	PHYS.	4/2	29/ <b>6</b> 9	
		NAME (Type)				22e. ADDRESS Crownsvill			1, Ma	ryla	nd
		EMOVAL (Specify) 5	DATE - 69	23c. NAME OF (	md. U	had. Salvot	1 23d LOCATIO	ON (City or Town)	Caur	Les Les	(State)
1	24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'D E	1 2 196	25b. REGISTRA	R'S SIGNAT	URE	R



	04924	DIVISION OF VITAL RI		CATE OF DEAT		TLAND ZIZUI	04917	7
	DECEASED-NAME Fi (Type or print) Will	iam G	ddle Willi	Lost ams, Sr.	20. DATE OF	Month 5 Do	69	2b. HOUR 7:10pt
3. 5	Male	4. RACE White		5. DATE OF BIRTH 7-18-96		6. AGE (In years lost birthday) 72. YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or foreign untry)	7b. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED WIDOWED	☐ NEVER MARRIED ☐	9. COUNTY OF			Me
	CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSI give street oddres Nor	th Arundel	duri	USUAL OCCUPATION of most of working line retired-p	Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR
130 odr	n. USUAL RESIDENCE (Where deconission) STATE	eosed lived, if institution: Resider	ree before 13c. CITY O	R TOWN 13d. INSIDE	CITY LIMITS? 13e. STR	EET AND NUMBER Harlem &	Creek R	ds.
14.	FATHER'S NAME First Edward	Middle ard Williams	Lost	S. MOTHER'S MAIDEN NA		Middle		Lost
16	o. WAS DECEASED EVER IN U.S. A Yes, no, or unknown)   Ilf yes gi	re war or dates of service)		informant m. G. Wil	liams Jr	Address 228 Md A	ve Pas	21122 adena
NO		ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED T				yen	<b>5</b>
RTIFICAT	190. DATE OF OPERATION	b. CONDITION FOR WHICH OPERATI		_	O CAUSES	YES, WERE FINDINGS OF DEATH?		ERTIFYING
RTIFICA	OR CONTRIBUTING CAUSE OF C	HOUR A.M. Month [ P.M.	Doy Yeor	OW INJURY OCCURRED		in Port 1 or Port 2,	Item 18.)	
W	While Not while ot work  22a. I certify that (I) ( saw the deceased	this haspital) attended the	deceased fram	OCATION Street or R.F.  d that in (my) (aur death.	19, ta	ccurred an the d	County 267, that ate and hour	(I) (We) las
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	y soul	DEG	ATTENDING PHYS.  22e. ADDRESS	MED. DIRECTOR	STAFF PHYS.   22c.	DATE SIGNED	19
230		23c. 4/9/69	NAME OF CEMETERY OF	n	A. A.	County	(County) Marylar	(Stote)
24	FUNERAL DIRECTOR Wm.	Cook-Brooks	West Inc	2So. RE	R 9 1969	25 CESTRAP	SIGNITURE	e.

	20	od 1	1	100 114926	MARYLA DIVISION OF VITAL RECORD	AND STATE S. 301 W. PI	DEPARTMENT OF H	IEALTH MORE MARYLAND 21201	
Du	1.1		1	tem130 FilmG412	5/19/69 kk	CERTIFIC	ATE OF DEATH		06407
	÷.	d 2 hr.		ECEASED-NAME First Type ar print)	Middle		Last	2a. DATE OF DEATH	2b. HOUR
	dec	funeral I and 2 ref death.		Wo	oods		H Joseph	Month Doy	28 69 6:10p <sup>4</sup>
	fter	# TE TE	3. 9	EX	4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	rs d	= 3	1	Male	Negro		1895	74 (?)RS.	MONTHS CLAYS HOURS MIN.
	hou	in by the 2 hours office	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [	NEVER MARRIED	9. COUNTY OF DEATH	
	24	Ded i	_	unknown	US	WIDOWED	known ORCED	Anne Arundel	Mo
	within 24 hours after deoth.	重量人	/1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)		Iduring me	L OCCUPATION (Kind of work dane ast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
		orbo	130	Crownsville	Crownsvil sed lived, if institution: Residence before	le State	Hospital		
	be executed	completely filled nove carbon pape ly event, within 72	adn	ission) STATE  Maryland	13b. COUNTY			□   1234 McElder	ry St. 21205
	exe	signed by the attending physicion and comburial-transit permit. Then please remove burial, cremotion, or removal, and in ony ev	14.	FATHER'S NAME First	Middle Last	1 / / / 15	MOTHER'S MAIDEN NAME FI	rst Whiddle	Last
112	, 90	T P. C		ur	ıknown			unknown	
	ate	leas an		. WAS DECEASED EVER IN U.S. ARA	MED FORCES?   16b. SOCIAL SECURIT	TY NO. 17. II	NFORMANT	Address	
	THE STATE OF THE S	ohys en p val,	u	Yes, na, ar unknawn) (If yes give w nknown	unknown	H	ospital Reco	rds, Crownsville,	Maryland
	J. Ce	attending permit. The ion, or remo		1B. CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and	(c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eo t	mit.		PART I. DEATH WAS CAUSED	ATE CAUSE (a) Arterios	clerotic	cardio vasc	ular disease	
	ne d	peri ion,		4124	DUE TO, OR AS A CONSEQUENCE O	OF			
	<del>+</del>	the mot		Canditians, if any, which gave a rise to immediate cause (a).	(D)				
,	thus:	trol cre		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	OF			
N	quires the	riol			(c)	NOT DELATED TO	THE TERMINAL PROPERTY OF AN AL		
is	g p	n sign		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO	THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
1	law ndin	bee s th iar t	TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	UNCIDEDED IN CEDITEVING
Al	The law requires that the deoth certificate ottending physician.	ficate has been s for use os the Health priar to b	CERTIFICATION				YES NO	CAUSES OF DEATH?	OIDIDERED IN CERTIFIING
	~ o	for us	GR	21a. ACCIDENT WAS UNDERLYIN		21c. HO		nature of injury in Part 1 or Part 2,	Item 18.)
	CLA	of H	MEDICAL	or contributing cause of DEAT (If either, natify medical examir	H HOUR A.M. Manth Day Yearner) P.M.	or 19			
	HYS	After this certi be detached State Dept. o	WE				CATION Street or R.F.D. Na.	City or Town	Caunty State
	G P	det det te D	П	ur wark at wark			0/21	.0	
	DIN PA	Afte   be   Sto		22a. I <b>certify</b> that (I) (thi	is hospital) ottended the deced live on 4/28/	ised fram	8/21 19_4	10, to 4/28, 19	69, that (I) (we) las
	TEN	should string the S	н	causes stated obove	e, (I) (we) (did) (did not) view th	e body ofter d	eoth.	nan deam accorred an the ad	te and nour and from the
	reto	ECT.	П	22b. SIGNATURE	11/11/20	117	ATTENDING ME	D CTAFF 22c. [	DATE SIGNED
	b e	Dig ed		Marce	of lovelle, in	DEGRE		RECTOR PHYS.	4/29/69
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to		22d. PHYSICIAN'S NAME (Type)			Crownsville	State Hospital,	Maryland
	10SF	octor	230	BHRIAL CREMATION 23h I	DATE ( 23 NAME (	F CEMETERY OR		23d. LOCATION (City or Town)	(Caunty) (State)
	O H Pog	dire	[		7.69 Vol	LAJ. IN	al deligat	Baltimore M	(county) (store)
		<b>J</b>	24.	FUNERAL DIRECTOR	ADORE	SS SS	2Sa. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
		VR A15 (4)	)				DATEMAY	12 1969 Julian	cas finage

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